



66TH WALDPOR BEACHCOMBER DAYS 2022 TREASURE CHEST DONATION FORM



Business Name:				
Mailing Address:				
City: State: Zip:				
Contact Name:				
Business Phone:				
Email:				
ITEM(s):				
<input type="checkbox"/> Item 1: Value _____				
Description of donation:				

<input type="checkbox"/> Item 2: Value _____				
Description of donation:				

<input type="checkbox"/> Item 3: Value _____				
Description of donation:				

Donated item is:				
<input type="checkbox"/> Enclosed	<input type="checkbox"/> Donor to Deliver: Date _____	<input type="checkbox"/> to be mailed: Date: _____	<input type="checkbox"/> Beachcomber Days Committee to Generate Gift Certificate	<input type="checkbox"/> to be picked up: Date: _____
Thank you for your support of the Waldport Beachcomber Days. After the event would you like an official receipt mailed to you? _____				
In-kind donations will be recognized at 50% of their value for Sponsorship benefits per the IRS Standards For Sponsorship Information please contact us. Waldportbeachcomberdays@gmail.com				

Donor Signature: _____ date _____
 Beachcomber Representative: _____ date _____