

Volunteer Name _____
Contact # _____

2017 Fundraiser
Saturday, March 11, 2017
Columbia Gorge Interpretive Center Museum
P.O. Box 396, 990 SW Rock Creek Drive, Stevenson, WA 98648

Donation Form

(Please complete to accompany the Donation)

Donor Information: (Business Name or Individual) _____

(Name of Manager, Etc...) _____

Physical & Mailing Address: _____

Phone Number: _____ **Email:** _____

Donation Information:

Product or Service _____ ***Retail Value \$** _____

***Value to be determined by Donor and is the amount to use for tax purposes.**

Description, any restriction, expiration dates: _____

If the donation is a Gift Certificate, will the donor provide? _____ Or are they requesting the Museum to make a Gift Certificate? _____

Authorized By: _____ **Date:** _____

Retrieval Information:

Suggested time/day for a Volunteer to pick up the donation and deliver to Museum: _____

Location or address where the item may be picked up: _____

Donation will be mailed (if by UPS, please use physical address): _____

***Donations to be received by Wednesday, March 1st (Exceptions for Fruit, Flowers, Trees, Etc..)**

Ticket Information:

Price \$50 each (\$60 after March 6th) Reserve/Sponsor Table for 8 \$400

I would like to purchase tickets _____ Sponsor a table _____ please have someone contact me

I have purchased tickets/sponsored a table through a volunteer already _____

Volunteer/Staff to complete: _____ **Paying by: Cash _____ Check _____**

Credit Card: (Visa, MC, AMEX, Discover) # _____

Expiration Date: _____ **Code:** _____

Signature _____ **Printed Name** _____

Donors receive two free guest passes for regular admission. (Not valid for special events.)

Call (800) 991-2338 or (509) 427-8211 with questions.

(Interpretive Center Tax ID# 93 0955648)