



25TH ANNUAL CAR SHOW



BENEFITING THE SAMARITAN CAR CARE CLINIC
HOFBRAUHAUS-NEWPORT
SATURDAY, AUGUST 8

DONOR NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SPONSOR OF CAR SHOW TROPHY: _____

NUMBER OF TROPHIES SPONSORED: _____ @ \$125 EACH FOR A TOTAL OF \$ _____

PLEASE MAKE ALL CHECKS PAYABLE TO "SAMARITAN CAR CARE CLINIC"
THE SAMARITAN CAR CARE CLINIC IS A 501(C)(3) CHARITABLE ORGANIZATION AND YOU WILL RECEIVE A LETTER FOR TAX PURPOSES.
DONATIONS CAN ALSO BE MADE DIRECT AT SAMARITANCARCARE.ORG

CHECK #

HOW SHOULD THE TROPHY NAME PLATE READ? (30 CHARACTERS MAX, INCLUDING SPACES)

DOOR PRIZE DONOR

DESCRIPTION OF ITEMS: _____

VALUE: \$ _____

CONTACT PERSON AND PHONE NUMBER FOR THIS GIFT:

COMPLETING THIS FOR FTCC IS _____ DATE _____