



DONATION RECEIPT

High Desert Corvette Club
P.O. Box 6442
Bend, OR 97708

COHD Member Name: _____

Donation Type: Personal _____ Business _____

IF BUSINESS OR NON-MEMBER DONATION

Business Name _____

Contact Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

(Or attach business card with same information)

DONATION INFORMATION

Quantity	Description	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

If Cash, enter donation amount: _____

Preference: Silent Auction _____ OTHER * _____

*Includes items for grab/goody bags, trinkets, water, etc.

THANK YOU FOR YOUR SUPPORT OF THE CORVETTES ON THE HIGH DESERT AND SUPPORTING OUR CHARITIES

For COHD Committee Chair Only: Item# _____ Silent Auction# _____