DONATION RECEIPT

High Desert Corvette Club P.O. Box 6442 Bend, OR 97701



COHD Member Name:		
Donation Type: Personal	Business	
IF BUSINESS OR NON-MEMBE	R 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	FOF THE CORVETTES ON THE HIGH E	DESERT AND SUPPORTING OUR CHARITIES
For COHD Committee Chair On	ly: Item# Silent Auction	#