

DONATION RECEIPT*

501 (c) (7)



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: _____

*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# _____