**2018 Fundraiser**

**Volunteer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Saturday, March 10, 2018**

**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 5th) 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)**

Sponsored in part by: City of Stevenson & Skamania County Lodging Taxes