COMMITTEE FUNDRAISING EVENT REPORT FOR OEC CONTRIBUTORS DONATION FORM

Business Name: _____

Contact's Name: _____

Contact's Occupation/Title: _____

Business Address: _____

_____

Business Email: _____

Business Phone: _____

Cash Donation Amount: $ _____

Paid by: ☐ Cash ☐ Check #_____ ☐ Money Order #_____

Goods/Services/Gift Certificates Donation and Approximate Value:

_____

_____

After processing or receiving your contribution we will mail you a written receipt.

❑ Approved ❑Denied

_____ _____

Justin Farris, Director Date

(R 09/26)