



(Must be filled out completely in order to accurately give recognition of donation(s))

Donor Information

Name: _____ Title: _____

Company: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: (____) _____

E-mail Address: _____

Donation Information

Item(s): _____

Description: _____

The approximate value is \$ _____. (If multiple donations are given, please supply value for each item)

My donation has an expiration date of: ____/____/____

Please pick up my donation at: _____

Acknowledgment Information

Please use the following name(s) in all acknowledgments _____

We wish to remain anonymous!

Thank you in advance for your donation and support of the Hot August Nights Foundation! All donations are tax deductible and must be turned in by March 1, 2023 to receive recognition in the Program and description/bid sheet.

Please e-mail, fax or return this form with donation(s) to:

Kathy Schaffer
Foundation Staff Manager
Hot August Nights Foundation
1425 E. Greg St.
Sparks, NV 89431
775-356.1956 ext: 0

Office Use Received by: _____ Date: _____