

DONOR CONTRIBUTION AND EVENTS FORM

DONOR CONTRIBUTION

TAX DEDUCTIBLE MONETARY CONTRIBUTION \$ _____

IN-KIND GOODS/SERVICES _____

MONETARY VALUE IN-KIND GOODS/SERVICES \$ _____

EVENTS

PRICE QTY

MEET THE DANCERS \$75 # _____

MOMMY AND ME \$50 # _____

CHAMPAGNE GALA reserved tables and tickets available online at www.dancealive.org

TOTAL EVENTS \$ _____

TOTAL DONOR MONETARY CONTRIBUTION \$ _____

GRAND TOTAL \$ _____

PAYMENT

Name as you wish it to appear in the playbill: _____

_____ I wish my contribution to remain anonymous

CONTACT NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE/ZIP _____

EMAIL _____ TELEPHONE _____

ENCLOSED CHECK # _____ CREDIT CARD: VISA ___ MC ___ DISC ___ AMEX ___

CARD # _____ EXP DATE _____ CID _____

MAIL TO DANB 1325 NW 2nd St., Gainesville, FL. 32601 BY SEPTEMBER 1 FOR INCLUDING NAME IN PAYBILL.

For more information contact dalive@bellsouth.net; 352.371.2986; www.dancealive.org