

Sea Mar Charity Golf Tournament & Auction

DONATION FORM

http://www.seamar.org/golf Sea Mar Federal Tax ID 91-1020139

		DONOR INF	ORMA	TION			
Donor Company/Organization Name:					Anonymous:		
Website URL: Phone Number:					Donation Date:		
							Donor Address:
City:				State:		Zip:	
Mailing Address (if	different from abo	ove):				1	
Contact Name & Title:				Email:			
Signature:							
		DONATED ITEM	IINFO	RMATION			
Item Name:					Item Value (fair market value):		
Description:					Expiration Date:		
Item Type: If Certificate:			Del	Delivery Method:			
□ Cash Donation	☐ Donor will provide certificate(s)			□ Donor will mail to Sea Mar (Date:			
☐ Matching Funds	☐ Sea Mar will create certificate(s)			□ Donor will deliver to Sea Mar (Date:)			
□ Certificate□ Physical Item				□ Sea Mar will pick up (Date:)			
		:: SEA MAR ADMINI	STRA	TION ONL	Y ::::::		
Sea Mar Procurer	ment Represent	ative Name:					
Email:							
Notes:							
Sea Mar Golf Tournament					Phone: 206.788.3229		
Attn: Kenia Diaz		Thank You for Your Support!			Fax: 206.788.320		
1040 S. Henderson Street					Email: keniadiaz@seamarchc.org		
Seattle, WA 98108						www.coamar.org	