The Community Square Revitalization Project 2016 Restoration and Endowment Campaign

DONATION FORM

Dono	r Information	(Your tax receipt wi	ll be issued in this n	ame. Please print clearly.)		
Name	2:					
Comp	any Name [if c	corporate donation]:	1	Title:		
Addre	ess:					
City/S	State/Zip:					
Phone	e(s):			Email:		
Dono	r Options:					
Optio	n #1: I/We dor	nate at this time the	sum of \$	·		
Optio	n #2: I/We ple	dge/donate the sum	of \$	made as follows:		
Year:	2016	Month:	\$			
Year:	2017	Month:	\$			
Other	:					
🗖 Υοι	u may annound	name(s) at the Harbo	ration	rint and on the website.		
If you	are paying spe	ecial tribute to some	one with your dona	tion, please indicate: 🗖 In me	mory of 🚨 In honor of	
☐ Ple	ase send a lett	ter informing the fol	lowing of this gift [a	mount will not be included]		
To: Na	ame/Address					
☐ Gif	t will be match	ned by Corporate/Co	ompany:		Please attach matching gift form	
Paym	ent Details					
□Vis	a □MasterC	ard □Check - Plea	ase make payable to Th	e Ocracoke Foundation/CSRP	☐On-Line <u>www.ocracokefoundation.org</u>	
Name	on Card:			Amount \$		
Card Number:				Expiration:		
Card Holder Signature:				Date:		

Please call or email to inquire about "adopting" a Historic Structure and Naming Opportunities. All gifts are tax deductible to the extent allowed under the current Federal and State tax codes.

Please return this form to:

The Ocracoke Foundation P.O. Box 1689 Ocracoke, NC 27960-1689 (252) 921-0365 www.ocracokefoundation.org ocracokefoundation@gmail.com

