

2009 CODY'S OFF-ROAD RIDE TO SURVIVE



ITEM DONATION FORM

ITEM NAME _____

RETAIL VALUE \$ _____

DESCRIPTION _____

| | | | |
|-----------|----------|------------|--|
| ITEM: | | | |
| PROVIDED | | | |
| DELIVERED | BY _____ | DATE _____ | |
| PICKED UP | BY _____ | DATE _____ | |

DONOR (AS IT SHOULD APPEAR FOR RECOGNITION PURPOSES)

DONOR CONTACT _____
MR./MRS./MS. FIRST NAME LAST NAME

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____ PHONE (____) _____

WEBSITE LINK _____

| |
|---------------------------------|
| SECURED BY _____ |
| PHONE (____) _____ E-MAIL _____ |

| |
|------------------------------|
| FOR OFFICIAL USE ONLY |
| DATE RECEIVED |
| ENTERED |
| CORRESPONDENCE |
| ITEM NUMBER |

PROCEEDS FROM THIS EVENT BENEFIT



FEDERAL ID# 26-3755059

THE CODY WATERS FOUNDATION, C/O LOYD WATERS

P.O. Box 5115, GARDEN GROVE, CA 92846 • 714-222-9055 • CODYSTEAM@YAHOO.COM

WWW.THECODYWATERSFOUNDATION.COM