

CAWA Scholarship fundraising form-2019

Donor Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Donation Information: _____

Complete Description of
Donation(s): _____

***If donating tickets or travel items, please complete the information below:**

Tickets (sporting event, concert event, festival event, etc.)

Event name: _____ Venue: _____

Date: _____ Row/Seats: _____ Parking Included: _____

Travel: (Hotel Stays, Airline Tickets, Timeshares, etc.)

Description: _____

of Days/Nights: _____

Blackout Days or Dates/ Other Details: _____

Thank you so much for your generous donation!

Please return this form to Rodney Pierini, fax: 916.635.9995, email: admin@cawa.org , Phone:
800.332.2292, ext. 1201