



COTATI ACCORDION FESTIVAL (CAF) DONATION FORM

Please return this form with your check and mail to: Sheri Mignano Crawford

Student Stage Coordinator, P.O. Box 1784 Boyes Hot Springs, CA 95416-1784

PLEASE PRINT

Organization Name _____

Individual's Name _____

Mailing Address _____ State _____ ZIP _____

Email: _____ Phone: _____

How would you like your donation to be acknowledged in the festival's souvenir program?

Please make out your check to CAF (Cotati Accordion Festival), and indicate in the memo that you designate this donation to go to the **CAF STUDENT STAGE FUND**.

CAF is registered as a tax-exempt 501 (c) 3 Non-Profit. Please Check Your Donation Amount:

_____ \$25 _____ \$100 _____ \$300 _____ \$500 _____ \$1,000

_____ \$50 _____ \$200 _____ \$400 _____ \$750 _____ Other _____

Please acknowledge my donation from: _____

_____ Please do not acknowledge. We/I wish to remain anonymous.

_____ Yes, I will need a receipt for my tax or other records. _____ No, I do not require a receipt.

Thank you for your generous donation.

May we contact your for an annual or future donation? _____

This is confidential and optional. Please feel free to tell us briefly why you are donating to the Student Stage Fund:

Office Use Only Below:

Check # _____ Processed: _____ Receipt Requested: _____

Deposited: _____

Other: _____