



## GROVELAND COMMUNITY SERVICES DISTRICT DONATION FORM

ORGANIZATION OR INDIVIDUAL'S NAME	AUTHORIZED CONTACT	TELEPHONE	FAX
STREET ADDRESS		EMAIL	OTHER CONTACT INFO
CITY, STATE, ZIP		FEDERAL TAX ID NUMBER	NUMBER OF YEARS IN BUSINESS
TYPE OF ORGANIZATION (CHECK ONE):    CORPORATION    LLC    SOLE PROPRIETOR    INDIVIDUAL    TRUST			

IF YOU WISH TO MAKE A TAX DEDUCTIBLE MONETARY DONATION FOR MOVIES IN THE PARK, PLEASE SEND A CHECK TO THE DISTRICT OFFICE:  
**GCS D**

**P.O. BOX 350  
GROVELAND, CA 95321**

Yes, I would like to donate! \$ \_\_\_\_\_

TAX DEDUCTIBLE RECEIPT?    YES \_\_\_\_\_ NO \_\_\_\_\_    EIN# 94-1701547

WOULD YOU LIKE YOUR NAME DISPLAYED FOR RECOGNITION PURPOSES?    YES \_\_\_\_\_    NO \_\_\_\_\_

IF YOU WISH TO DONATE A PIECE OF EQUIPMENT TO THE DISTRICT FOR MOVIES IN THE PARK, THERE IS AN UP-TO-DATE "WISH LIST" ON AMAZON.COM. THE LINK WILL SHOW THE ITEMS STILL NEEDED. [https://www.amazon.com/hz/wishlist/ls/10YL65GRZMK66/ref=nav\\_wishlist\\_lists\\_1](https://www.amazon.com/hz/wishlist/ls/10YL65GRZMK66/ref=nav_wishlist_lists_1)

AUTHORIZED REPRESENTATIVE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Your donation will allow GCS D to make Movies in the Park an amazing, community-centric event for years to come!**

### FOR DISTRICT USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PAYMENTS RECEIVED: \_\_\_\_\_

DATE REVIEWED BY DISTRICT STAFF: \_\_\_\_\_  APPROVED     DENIED

AUTHORIZED CONTACT NOTIFIED OF DECISION BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_