



# Boosters Bash Fundraiser 2017 Donation Agreement

Donor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Bus. Phone: (    ) - \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (    ) - \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax No: (    ) - \_\_\_\_\_

Booster Rep Name: \_\_\_\_\_ Email: \_\_\_\_\_

Allocation of Receipts to Sport Team(s) (limited to two Sports Teams) –(%)

Sport	%	Sport	%
Baseball		Softball	
Basketball - Boys		Swim & Diving	
Basketball - Girls		Tennis - Boys	
Cheer		Tennis - Girls	
Cross Country		Track	
Football		Volleyball - Boys	
Golf - Boys		Volleyball - Girls	
Golf - Girls		Water Polo - Boys	
Lacrosse - Boys		Water Polo - Girls	
Lacrosse - Girls		Wrestling	
Soccer - Boys			
Soccer - Girls		Boosters General Fund	

The undersigned agrees to donate to Boosters the following item(s) and/or service(s):

Item is:	Amount/Value	Delivered/Pledged
Cash Donation		<input type="checkbox"/> Delivered <input type="checkbox"/> Pledged
Item		<input type="checkbox"/> Delivered <input type="checkbox"/> Pledged
Service		<input type="checkbox"/> Delivered <input type="checkbox"/> Pledged
Does this agreement serve as a certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Delivered <input type="checkbox"/> Pledged

Description of Item or Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restriction/Special Instructions/Expirations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Donor Signature: \_\_\_\_\_

Please return this form to \_\_\_\_\_ (Name and Email Address) \_\_\_\_\_.

The form can also be mailed to Acalanes Boosters, 1200 Pleasant Hill Road, Lafayette, CA 94549.

Thank you for your generous support of the Acalanes Student Athletes.  
A copy of this form serves as a tax receipt.  
Acalanes Booster Club is a 501(c)3 organization: **Tax ID#23-7428299**