

2017 DOOR PRIZE DONATION SHEET
MANATEE COUNTY CLOVER CLASSIC 4-H GOLF TOURNAMENT



NAME OF BUSINESS _____

NAME OF BUSINESS CONTACT _____

MAILING ADDRESS _____

CITY/ZIP _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

TYPE OF DOOR PRIZE _____

FOUNDATION MEMBER MAKING CONTACT _____

DATE OF CONTACT _____

SPECIAL INSTRUCTIONS (pick-up, etc.)

Please complete all information so donations can be acknowledged.

Office Use

Date Received _____ Received by _____

Thank you letter sent on _____