



CARIBOO CHILCOTIN COAST

Donation form

2019 Tourism Summit and AGM

CONTACT INFORMATION

Organization Name: _____

Contact Person: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

DONATION INFORMATION

Retail Value: \$ _____

Donation(s) description: _____

Detailed description of any restrictions, blackouts or special instructions

- Item will Arrive at the CCCTA office prior to October 10th
 Will require alternative arrangements to receive item

*I agree to donate the item(s) as stated above to the Cariboo Chilcotin Coast Tourism Association.
In addition, I agree to provide the purchaser/winner with the item(s) as stated.*

Signature: _____ Date: _____

Return completed form to mareike@landwithoutlimits.com or fax to 250-392-2838