



**CHARITY PRINT COLLECTION
DONATION REQUEST FORM**

P. Buckley Moss Society
74 Poplar Grove Lane
Mathews, VA 23109 Ph: (800) 430-1320
Ph: (804) 725-7378
Email: charityprints@pbuckleymoss.com

Form #

1

BOX FOR OFFICE USE

*Type or print clearly.
Please allow 3-6 weeks for processing*

| | | | |
|---|-------------------|------------|---|
| CONTACT PERSON (Person responsible for print and follow-up paperwork) | | | EMAIL |
| ORGANIZATION NAME | | | SHIPPING ADDRESS (for artwork if approved, no PO Box) |
| ADDRESS | | | SHIPPING LINE 2 |
| CITY | STATE | ZIP | SHIPPING CITY, STATE ZIP |
| WORK PHONE () | HOME PHONE () | FAX () | |

Benefiting Organization

| | |
|---|--|
| ORGANIZATION TO BENEFIT FROM FUNDRAISER | TAX STATUS |
| PURPOSE OF ORGANIZATION | <input type="checkbox"/> Exempt: Tax ID # _____ <input type="checkbox"/> Non-Exempt: indicate reason: _____ |
| DONATION WILL BENEFIT <input type="checkbox"/> Children's Health / Welfare <input type="checkbox"/> Learning Disadvantaged <input type="checkbox"/> Other (please describe) | |

INDICATE SPECIFIC PROGRAMS TO RECEIVE FUNDS

Fundraising Event

| | |
|----------------------------|--|
| EVENT NAME (if applicable) | TYPE OF EVENT <input type="checkbox"/> Raffle <input type="checkbox"/> Live Auction <input type="checkbox"/> Silent Auction |
| LOCATION CITY & STATE | DATE (a specific date must be provided. e.g. drawing date for raffle) |
| MARKETING / PROMOTION PLAN | |

Additional Information to Support Request

| | |
|--|---|
| Are you working with a P. Buckley Moss Society Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you working with a Moss Dealer in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CHAPTER NAME | DEALERSHIP NAME |
| CHAPTER CONTACT | DEALER ADDRESS CITY & STATE |
| COMMENTS | |

\$20 Processing Fee

We require payment for a processing fee of \$20 (**\$10 for local pickup**). If your request is denied your payment will **not** be processed. If a check is sent, and it does not clear, a \$25 fee will be charged. This processing fee is non-refundable.

| | | |
|---|--------------------|-----------------|
| PAYMENT TYPE <input type="checkbox"/> Check <input type="checkbox"/> Credit Card | CREDIT CARD NUMBER | EXPIRATION DATE |
|---|--------------------|-----------------|

Name on Card: _____ Signature: _____ Date: _____

Pat's own charitable foundation, the P. Buckley Moss Foundation for Children's Education, is able to provide its programs thanks to the generous support of people like you. Please indicate here if you would like to donate 10% of the funds received from your P. Buckley Moss print to the P. Buckley Moss Foundation:

I pledge 10% of funds raised from this donation to the P. Buckley Moss Foundation for Children's Education.