



# PROGRAM ADVERTISEMENT

## FESTIVAL OF TABLES

Donation Form/Official Receipt

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

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

CASH DONATION (amount) \_\_\_\_\_

### PROGRAM ADVERTISEMENT

\_\_\_\_\_ Full Page \$200

\_\_\_\_\_ Half Page \$135

\_\_\_\_\_ 1/3 Page \$75

### PAYMENT METHOD

\_\_\_ Check

\_\_\_ Cash

\_\_\_ Visa

\_\_\_ MC

\_\_\_ AMEX

Check/Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ CVV Code \_\_\_\_\_  
(Code on back of the card)

Billing Zip Code \_\_\_\_\_ Signature \_\_\_\_\_

Women's Auxiliary Member \_\_\_\_\_

The Salvation Army Women's Auxiliary  
4015 Stuart Andrew Blvd  
Charlotte, NC 28217

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