

Trunk R Treat

2024 Sponsorship Form

Name of Organization/Team: _____

Contact Person (First and Last Name): _____

Mailing Address: _____

Primary Email: _____

Phone: _____

Make/Model of Vehicle: _____

License Plate: _____

Please designate my gift of \$25 or more to the Dawson Patient Inn Fund.

Gift Amount: \$ _____

I wish to fulfill my donation by:

- Cash
- Check (Payable to Centra Foundation, memo: Dawson Inn Trunk or Treat)
- Credit Card (AMEX, Discover, MasterCard, or Visa accepted)

Card Number: _____

Expiration: _____ CVC: _____ Zip: _____

Signature: _____ Date: _____

Centra Foundation is a not-for-profit organization. All gifts are tax deductible in accordance with IRS regulations. Your support of our work is genuinely appreciated and will be acknowledged.



THANK YOU!