FUNDRAISER DONATION REQUEST FORM

Museum of Natural and Cultural History

Date Submitted____________________ Non Profit Tax ID#____________________________________

Name of Organization______________________________________________________________

Contact Name____________________________________________________________________

Address_________________________________________________________________________

City__________________________________St________Zip______________________________

Event Name____________________________________________ Date of Event _________

Select ONE of the following donations:

A one-year family membership ($50 value) _____________

Four family guest passes ($40 value) _________________

Donations are limited to one of the two choices above; once annually per organization. Allow two weeks from submittal date for processing.

Return completed form to:
Mail: UOMNCH Donation Request Attn: Donation Request at UOMNCH
1224 University of Oregon Eugene, OR 97403-1224 (541) 346-5334

Fax: Drop off:
(541) 346-5334
1680 E. 15th Avenue
Tuesday-Sunday, 11am-5pm