



Please complete this form and return it to:

PO Box 695  
Sandpoint, ID 83864  
(208) 265-4554  
info@festivalatsandpoint.com

The Festival at Sandpoint is a public charity as outlined in section 501 (c)(3) of the Internal Revenue Code.  
Federal Business ID 82-0372810.

**Donor Information**

Contact Name: \_\_\_\_\_

Name(s) as you would like it to appear in our publications:  
\_\_\_\_\_

Check here if you would like to remain anonymous

This contribution is in memory of \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

I am interested in volunteer activities for the Festival at Sandpoint.

I am interested in Legacy Donations to the Festival at Sandpoint.

**Please select a campaign below:**

- General Membership (\$100+)
- Experience Sponsorship (\$2,000+)
- Advertising Sponsorship (\$4,000+)

Please refer to [www.festivalatsandpoint.com/donate](http://www.festivalatsandpoint.com/donate) or contact our office for more information about donor and sponsor benefits.

My corporation will match my contribution. I have notified my company and enclosed the appropriate forms.

**Billing Information**

Check Enclosed made payable to: Festival at Sandpoint

Send me an invoice on this date \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for the selected campaign

Charge my credit card in the amount of: \$ \_\_\_\_\_

Immediately

\*A 2.9% payment processing fee will be applied to all credit/debit transactions.

On this date: \_\_\_\_\_

Recurring monthly (on the 1st)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (3-digit code, 4-digit on AMEX): \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_