

Keep for your records:

Date: _____

Amount of donation to Candle Lighters: _____

Candle Lighters Non-Profit I.R.S. – E.I.N. 23-7149766

Candle Lighter Contact Person is: Tammy Titus

Email: cltreasurer@yahoo.com

Please return this portion with your donation

DONATION MUST REACH US NO LATER THAN SEPTEMBER 15, 2024

MAKE ALL DONATIONS PAYABLE TO: Candle Lighter

MAIL DONATIONS TO: Candle Lighters
PO Box 174
Fremont, CA 94537

FOR PROPER RECOGNITION, PLEASE PROVIDE THE FOLLOWING INFORMATION:

NAME TO GO ON OUR FAÇADE: _____
(NO MORE THAN 30 CHARACTERS INCLUDING SPACES AND AMOUNT OF CAPITAL LETTERS)

CONTACT PERSON: _____

CONTACT EMAIL ADDRESS: _____

CONTACT PHONE NUMBER: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____

Yes, will support the Candle Lighters – Our donation is \$ _____

Thank you for your kind donation, it is truly appreciated!

If donation is \$550 or above:

_____ Yes, as a “GHOUL” SPONSOR we would like an invitation to the Preview Party.

*If contact person is different from above, please indicate on the line below:

ALTERNATE CONTACT PERSON: _____

_____ No thank you, as a “GHOUL” Sponsor we will not be attending the Preview Party.