



EXPERIENCE THE FINE ART OF COMPASSION

Sponsorship Contact:

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MONETARY DONATION FORM

Date: _____

Organization's Name: _____

Donor's Name: _____

Address: _____

City, State, Zip _____

Phone: _____ **E-mail:** _____

Monetary Donation Amount: \$ _____

Sponsorship Level & Desired Benefits: _____

Donor's Signature: _____

Gala Representative: _____ **Phone:** _____

Received by: _____ **Date:** _____

Special instructions: _____

Non-profit Tax Information:

World Wide Humanitarian Aid, Inc.
Fed. Tax I.D. #38-3424706

For Internal Use Only:

Item Number: _____

Section: _____

Certificate: _____

Received: _____

Package No.: _____

Category: _____

Location: _____

"Thank You" Sent: _____