



Donor Application

Name: _____

Business Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Website: _____

Facebook/Social Media: _____

Please Indicate Contribution Level, see descriptions below:

<input type="checkbox"/> Friend (Individual)	\$50	<input type="checkbox"/> Collaborator (Business)	\$125	<input type="checkbox"/> Investor	\$250
<input type="checkbox"/> Believer	\$500	<input type="checkbox"/> Innovator	\$1000	<input type="checkbox"/> Visionary	\$2500

Method of Payment: Cash Credit Card: Check:

Card Number: _____ Expiration/CCV: _____

Please submit this form with payment to: La Grande Main Street Downtown 102 Depot St. La Grande OR 97850

LGMSD is a 501(c)3, all contributions are tax deductible to the allowable extent

Please describe your business/organization and its services for social media and promotional purposes:
