



RESTORATION RUNWAY

the third annual fashion show

PRESENTS

Timeless

Donor Information:

Business Name: _____
(for use in the fashion show program and other publicity)

Name of Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

I would like to be an event host and recruit 9 others to purchase event tickets. Please follow up with more information.

Financial Donation:

Please Make my Donation Anonymous

I would like to make a general financial contribution in the amount of: \$ _____

I would like to be a Sponsor at the following level: \$ _____

- Runway Sponsor - \$5,000 *(Tax Deductible amount approx. \$4,750)*
- Restoration Sponsor - \$2,500 *(Tax Deductible amount approx. \$2,300)*
- Dignity Sponsor - \$1,000 *(Tax Deductible amount approx. \$850)*
- Honor Sponsor - \$500 *(Tax Deductible amount approx. \$400)*

Total Donation Amount: \$ _____

Payment:

- My check is enclosed. *(Make checks payable to Restoration Place Ministries.)*
- Please send me an invoice to the address above.

Please charge my credit card:

Type of Card: Visa MasterCard AmericanExpress Discover

Name on Card: _____ Account Number : _____

Signature: _____ Expiration Date: _____ CVC Code: _____

Billing Address *(if different from above)*: _____

City, State, Zip: _____

Email *(if different from above)*: _____

Service/Product Donation:

Donor's Estimated Value: \$ _____

Name of Item: _____

Detailed Item Description *(include size, color, dates, special features, exp. date, etc.)*:

- Item Accompanies Donation Form
- Donor to Deliver to RPM Office By _____ *(date)*
- To Be Picked Up By _____ *(date)*

For taxation purposes, this serves as a receipt for a non-cash contribution. No goods or services were provided in exchange for this gift. Restoration Place Ministries is a not-for-profit 501(c)(3) organization with the tax ID #: 25-1915667. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 888-830-4989. License #SL003452. The license is not an endorsement by the state.

Signature of Donor: _____ Date: _____

RPM Representative: _____

Please submit this form along with payment to: **Restoration Place Ministries • P.O. Box 35932 • Greensboro, NC 27425**
Phone: 336-542-2060 • E-mail: cindy@restorationplaceministries.org