



RE-OPENING EVENTS INDUSTRY CONTRIBUTION FORM

1. PROVIDE YOUR CONTACT INFORMATION

Name _____ Title _____

Company _____

Address _____
address city state zip

2. INDICATE DONATION TO GOLIVETOGETHER \$ _____

3. INDICATE DONATION TO T3 EXPO. \$ _____

4. TOTAL DONATION \$ _____

5. INDICATE PAYMENT METHOD *Full payment Must Accompany this Form*

Check enclosed Visa AMEX Discover Master Card

Card # _____ Exp.Date _____ CVV _____

Name on Card _____ Signature _____

Billing Address _____
address city state zip

Once you've completed this form, enclose proof of payment (make checks payable to EACA), and then **fax**, **email** or **mail** to:

EACA 2214 NW 5th St., Bend, OR 97703 T. 541-317-8768 F. 541-317-8749
E. jimwurm@eaca.com