



TURTLE BAY
EXPLORATION PARK.
Human. Nature.

DONATION REQUEST

A minimum notice of 2 weeks is required.

Staff Initiating Request: _____

Date of Request: _____ By: _____ Date Needed: _____

Organization/Company: _____

Contact Person: _____ Phone #: _____

Address: _____

City: _____ CA Zip Code: _____

Please provide a brief description of reason for donation request.

Do not write below this line

Please forward for approval to: Betty Wright, Membership Coordinator (530) 242-3141

Bev Stupek, Development Officer _____ or

Toby Osborn, Marketing & Sales Officer _____

The following box is for Membership use only.

<p>Date Processed: _____</p> <p>COMPLIMENTARY PASS/PASSES: amount _____ # _____ - _____</p> <p>COMPLIMENTARY MEMBERSHIP: amount _____ # _____</p> <p>Note:</p> <p>_____</p> <p>_____</p>
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