



DONATION FORM

CONTACT INFORMATION

Legal Business / Organization Name _____

Position / Title _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Alternate Phone _____ Website _____

DONATION DESCRIPTION

Check One: Check Product / Item Other

Value of Donation _____

Description & Intended Purpose of Donation _____

**PLEASE MAKE CHECKS PAYABLE TO THE
COLUMBIA METROPOLITAN CONVENTION CENTER (CMCC)
& RETURN WITH THIS FORM TO:**

Columbia Metropolitan Convention Center
ATTN: BBQ Competition & Car/Bike Show
1101 Lincoln Street
Columbia, SC 29201

Fax # (803) 545-0013 | Phone # (803) 545-0181 | events@experiencecolumbiasc.com

AUTHORIZED SIGNATURE

TODAY'S DATE