



Clover Christian School  
**Oktoberfest Donation Form**



Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Item(s) Donated	Value
_____	_____
_____	_____
_____	_____

Parent Signature: \_\_\_\_\_



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_____	_____

Parent Signature: \_\_\_\_\_