



DONOR FORM

PO BOX 170767
Miami, Florida 33017

Please be sure to fill out every field that applies to your donation.

Company: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company's web page: _____

PRIZE

All information must be completed before we can begin production of your promotion.

PRIZE DESCRIPTION: _____

_____.

Value of package: _____ (US Dollars) Number of Persons: _____

Expiration date: _____ (must be one year from date)

Blackout Dates: _____

Extras included: _____

Other: _____

***Please mail or email company logo to info@nojiveproductions.com ***

Authorized

Signature _____ **Date** _____