



CHARITY PRINT COLLECTION  
DONATION REQUEST FORM

**P. Buckley Moss Society**  
74 Poplar Grove Lane  
Mathews, VA 23109 Ph: (800) 430-1320  
Ph: (804) 725-7378 Fax: (804) 725-3040  
Email: charityprints@pbuckleymoss.com

Form #

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BOX FOR OFFICE USE

*Type or print clearly.*  
**Please allow 6-8 weeks for processing**

CONTACT PERSON (Person responsible for print and follow-up paperwork)			EMAIL
ORGANIZATION NAME			SHIPPING ADDRESS (for artwork if approved, no PO Box)
ADDRESS			SHIPPING LINE 2
CITY	STATE	ZIP	SHIPPING CITY, STATE ZIP
WORK PHONE ( )	HOME PHONE ( )	FAX ( )	

**Benefiting Organization**

ORGANIZATION TO BENEFIT FROM FUNDRAISER	TAX STATUS
PURPOSE OF ORGANIZATION	<input type="checkbox"/> Exempt: Tax ID # _____ <input type="checkbox"/> Non-Exempt: indicate reason: _____
DONATION WILL BENEFIT <input type="checkbox"/> Children's Health / Welfare <input type="checkbox"/> Learning Disadvantaged <input type="checkbox"/> Other (please describe)	

INDICATE SPECIFIC PROGRAMS TO RECEIVE FUNDS

**Fundraising Event**

EVENT NAME (if applicable)	TYPE OF EVENT <input type="checkbox"/> Raffle <input type="checkbox"/> Live Auction <input type="checkbox"/> Silent Auction
LOCATION CITY & STATE	DATE (a specific date must be provided. e.g. drawing date for raffle)
MARKETING / PROMOTION PLAN	

**Additional Information to Support Request**

Are you working with a P. Buckley Moss Society Chapter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you working with a Moss Dealer in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHAPTER NAME	DEALERSHIP NAME
CHAPTER CONTACT	DEALER ADDRESS CITY & STATE

COMMENTS

**\$20 Processing Fee** We require payment for a processing fee of \$20 (**\$10 for local pickup**). If your request is denied your payment will **not** be processed. If a check is sent, and it does not clear, a \$25 fee will be charged. This processing fee is non-refundable.

PAYMENT TYPE <input type="checkbox"/> Check <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	VISA or MASTERCARD NUMBER	EXPIRATION DATE
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Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pat's own charitable foundation, the P. Buckley Moss Foundation for Children's Education, is able to provide its programs thanks to the generous support of people like you. Please indicate here if you would like to donate 10% of the funds received from your P. Buckley Moss print to the P. Buckley Moss Foundation:

I pledge 10% of funds raised from this donation to the P. Buckley Moss Foundation for Children's Education.