



TURTLE BAY
EXPLORATION PARK
Human. Nature.

DONATION REQUEST

A minimum notice of 2 weeks is required.

Date of Request: _____ Date Needed: _____

Organization/Company: _____

Contact Person: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a brief description of reason for donation request in the space below or in an attached letter.

Please return form by one of three methods:

- 1) Mail – Attn: Donation Requests/1335 Arboretum Drive, Suite A/Redding, CA 96003
- 2) Fax – Attn: Donation Requests to (530) 243-8898

OFFICE USE ONLY BELOW:

Approval:

Development Officer _____

Date Processed: _____
COMPLIMENTARY PASS/PASSES: # _____ - _____
COMPLIMENTARY MEMBERSHIP: # _____