DONATION FORM

Donor Information (Your tax receipt will be issued in this name. Please print clearly.)

Date: ________________________________
Name: ____________________________________________________________________________________________
Address: ____________________________________________________________________________________________
City/State/Zip _______________________________________________________________________________________
Phone(s): _____________________________________________Email: ___________________________________________

Donor Options:

Cash: I/We donate at this time the sum of $_____________________.

☐ You may list my/our name (as shown above) in print and on the website.
☐ You may announce the value of my/our donation.
☐ I/We wish to remain anonymous.

If you are paying special tribute to someone with your donation, please indicate: ☐ in memory of ☐ in honor of

☐ Please send a letter informing the following of this gift [amount will not be included]:
To: Name/Address ____________________________________________________________________________________________

☐ Gift will be matched by Corporate/Company: ______________________________

[Please attach matching gift form]

Payment Details:

☐ Check—Please make payable to SIDCO and mail to SIDCO 120 Smith Drive Atlantic, NC 28511

All gifts are tax deductible to the extend allowed under the current Federal and State tax codes.

Thank You

SIDCO
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120 Smith Drive Atlantic, NC 28511
NCshipwrecks@gmail.com www.SIDCO.org
(252) 656-8003