

2024 COBA Showcase House Contribution Form

						••••
Business name		Contact person				
Street address	City		State		Zip code	
Phone		Website	2			
E-mail address						
						••••
	Total Co Amount	ntribution		Total PC) Amount	
Material / Labor Description						
Payment if donating at a cash level If applicable, the contribution amount above will be	deducted f	rom the PO to	tal for the job).		
Tax ID #	Credit	Card #				
Expiration Zip code						
						••••
Signature				D	ate	
By signing, the company agrees to provide materia Cash contributions should accompany this form.	ls &/or labo	r as described	above by the	e scheduled o	date for delivery.	

Return form to: Mandy Weidman	mandyw@coba.org	541-389-1058
COBA TIN: 93-0763605		