



Taste of La Costa
The Valley Club, Carlsbad
Saturday, November 12th, 2016

Taste Donation Form

Donor Name: (individual or business) _____

Contact Name: (if different) _____

Telephone: _____ Email: _____

Donor Address: _____

City, State & Zip _____

Type of Taste Donation: _____

Donor Estimated Value (based on 125-150 servings) \$ _____

LCC Foundation will supply 6' table(s), table cloth(s), and napkins. What else can we do to support you?

- Electrical extension cords for heating/cooling elements - # needed _____
- Electrical outlets - # needed _____
- Serving Staff (will be over age 21) _____

Foundation Contact: _____ Email: _____

Your donation will be recognized on the LCC Foundation website, weekly e-news, and on the night of our event.

PLEASE RETURN YOUR DONATION FORM NO LATER THAN OCTOBER 1, 2016

Non Profit Tax ID: 33-0708190

Your donation may be tax deductible; check with your tax advisor



La Costa Canyon High School Foundation
1 Maverick Way, Carlsbad, CA 92009
(760) 436-6136 ext. 6021 / lcfoundation@sduhsd.net / www.lchsfoundation.org