

Donor Information Form

**BAYBASI, INC.**

(A SFO Bay Area Nonprofit Public Benefit)

PO Box 4538

Foster City, CA 94404

baybasi@gmail.com



**Donor Information**

	First Name	Last Name	Age	Food
Donor				NV V
Spouse				NV V
Child # 1				NV V
Child # 2				NV V
Child # 3				NV V
Child # 4				NV V
Guest # 1				NV V
Guest # 2				NV V
Guest # 3				NV V
Guest # 4				NV V

**Contact Information**

Address				
City		State	Zip	
Home Phone		Mobile		
Email 1				
Email 2				

**Payment Information**

Amount Paid		Check	Cash	Online
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I agree to abide by the rules of Baybasi, INC.

Date (MM/DD/YY): \_\_\_\_\_

Signature: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address (Line 1):** \_\_\_\_\_

**Address (Line 2):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone (Evening):** \_\_\_\_\_ **Phone (Daytime/Mobile)** \_\_\_\_\_

**Email Address (1):** \_\_\_\_\_

**Alternate email (2):** \_\_\_\_\_

**Name of Spouse:** \_\_\_\_\_

**Food Preference:** \_\_\_\_\_ (V-Veg / NV –Non-Veg)

**Amount : \$** \_\_\_\_\_ **Payment Type :** Cash/ Check / Online

**I AGREE TO ABIDE BY THE RULES OF BAYBASI INC.**

**Dated:** \_\_\_\_\_ **Signature:** \_\_\_\_\_