

Conor's Cruisers Auto Show Donation Form

Donor Name: _____

Address: _____

Email: _____

Contribution Amount:

___ \$10

___ \$25

___ \$50

___ \$100

___ OTHER _____

This form and the payment can be mail to:

Conor's Cruisers Auto Show
P.O. Box 52
Galway NY, 12074

Checks can be payable to Conor's Cruisers Auto Show.

Thank you so much for your support!