

DONATION REQUEST

**30 DAY MINIMUM
NOTICE REQUIRED**

FAX ALL REQUESTS TO 843-238-2926

NAME OF CHARITY:	
DATE OF EVENT:	
YOUR NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
EMAIL ADDRESS:	
TAX ID#:	
EXPLANATION OF EVENT:	
BENEFITS TO MBH-D:	
TYPE OF DONATION REQUESTED:	

**ALL REQUESTS WILL
BE NOTIFIED WITHIN
2 WEEKS WITH OUR
RESPONSE.**



**Myrtle Beach Harley-Davidson
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Myrtle Beach, SC 29588**

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