



Big Sandy Superstore Arena Charitable Donation Form

Name of Organization: _____

Contact Name: _____

Contact Email: _____

Phone Number: _____

Address: _____

Description of Event: _____

Date of Event: _____

Number of people expected: _____

Are you registered 501(c)(3) in WV, OH, or KY?: _____

BSSA Internal Tracking:

Event : _____ # of Tickets approved: _____ Value(\$): _____ Approved By: _____

Date: _____

Mailed or Picked up: _____