



Donation Final Report

Name of Organization _____ Phone _____

Mailing Address _____

Contact Name _____ Alt. Phone _____

Amount of Funding Received _____ Date Received _____

How many persons were served with the funds? _____

How were the funds utilized? (Please provide copies of receipts for purchases made)

****PLEASE ATTACH RECEIPT(S) LISTING ITEMIZED PURCHASES FROM FUNDS RECEIVED.****

****PHOTOS OF ITEMS PURCHASED OR PROGRAMS SPONSORED ARE ENCOURAGED AND APPRECIATED!*****

****San Clemente Ocean Festival name and/or logo displayed on items purchased, when possible, is also encouraged and appreciated****

I hereby certify the information contained is true to the best of my knowledge and belief.

Signature _____ Title _____ Print Name _____ Date _____

***Please note:** Failure to return this document to the San Clemente Ocean Festival may jeopardize any future consideration for requests submitted for your organization.