

DONATION FORM

Date: _____

P.O. Box 122
Charlevoix, MI 49720
501(C) (3) Corp #31-6329012
231-675-9909
Sailcharlevoix.org
info@sailcharlevoix.org

Name: _____

Address: _____ City _____ State _____ Zip _____

I, _____, owner of the watercraft:

_____ ; _____ ; _____ ; _____
(year) (length) (make) (model)

Hull Identification (HIN) # _____ , MC# _____

And: Trailer:

_____ ; _____ ; _____
(year) (make) (model)

Vin# _____

Other :

Motor: _____,
Equipment _____

Hereby donate above to the Lake Charlevoix Mariners on Date _____.

I certify that any and all liens on this watercraft have been satisfied. _____ (Initials),
also; no Goods or services have been received from this gift. _____ (Initials).

Owners Signature: _____,

Date: _____

Lake Charlevoix Mariners Agent _____

(This form to be completed by donor and submitted with signed titles and registrations to
LCM – Board Member – Donations Chair)