



Charity
Storage

Beneficiary Enrollment Form

www.charitystorage.org
520 East Avenida Pico, # 5414
San Clemente, CA 92674-5414
info@charitystorage.org

Organization Name _____

501(c)3 Number _____

Street Address _____

City _____ State _____ ZIP _____

Contact Person _____ Title _____

Phone # _____ Email _____

Website _____

Mission/Description _____

Affiliated Storage Facility (if applicable) _____

City _____ State _____ ZIP _____

Contact Person _____ Title _____

Phone # _____ Email _____

Website _____

♥ Thank you for supporting our communities through Charity Storage Auctions ♥

Please complete this form, scan and email to info@charitystorage.org or mail to the address above.

