

	OFFICE USE ONLY
	LIVE SILENT
Category:	_____
Number:	_____
Display:	_____
Web:	_____



DONATION ITEM:

DESCRIPTION (as it should appear in the program):

RESTRICTIONS (can only be used on weekdays, expiration date, etc):

RETAIL VALUE: \$ _____ **PERSON SECURING DONATION:** _____

NAME OF BUSINESS: _____

NAME OF CONTACT: _____

ADDRESS: _____

PHONE: _____ **E-Mail:** _____

PLEASE CHECK ONE:

- Please call to arrange pick-up of donation
- Donation will be delivered by donor
- Donation is enclosed / included