



PEBBLECREEK GARDEN CLUB

DONATIONS

Donor: _____ **Phone:** _____
First and Last Name

Address: _____
City _____ Zip _____

Donation Description - include size of item(s) to determine vehicle needed to transport:

Convenient Pickup Date: _____ Time: _____

Club Representative: _____ **Date:** _____

GCPC Use Only – Contacts for Transport and Storage/Care

Transport: Name _____ Phone _____

Storage: Name _____ Phone _____

Address _____

Drop Off Date and Time _____

Plant Care: Name _____ Phone _____

Address _____

Drop Off Date and Time _____

Notes: _____
