

Hello!

As a fellow friend in the community, we would like to invite you to support our first annual The Giving Bowls event, to be held on Saturday, February 22<sup>nd</sup>, 2020 at the Lakeland Event Center in Calvert City. The event will be a fantastic afternoon of food, and a silent auction. Proceeds will go to support the Snack Pack Programs for the schools in Marshall County and the Marshall County Caring Needline. This afternoon event is open to everyone in our community. We would like to take this opportunity to ask that you help us support this event with a donation for our silent auction.

We would be thrilled to include an item from your business in our auction this year. Your generous, tax deductible donation to our auction is greatly appreciated. Please complete the attached form and return it with your donated item to the address below. We ask that you keep in mind that gift certificates should become effective on the date of our event: February 22<sup>nd</sup>, 2020.

Should you have any questions, please contact Chelsy Solomon at 270-906-0166 or [csolomon@lakelandeventcenter.com](mailto:csolomon@lakelandeventcenter.com). We look forward to hearing from you soon! On behalf of our students, parents, teachers, volunteers, and staff, thank you for your support!

Sincerely,

Chelsy Solomon

LEC Director

270-906-0166

[csolomon@lakelandeventcenter.com](mailto:csolomon@lakelandeventcenter.com)



**Benefit Item Donation Contract  
The Giving Bowls Silent Auction**

Contact's Name: \_\_\_\_\_ Donor (Company/Individual) \_\_\_\_\_

How your name will appear (if different than donor name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete Description for Printed Materials  
(Including any restrictions)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions:** \_\_\_\_\_

Dates Valid: April 27, 2019 through \_\_\_\_\_ Donation Valued at \$ \_\_\_\_\_

Item/Certificate: Enclosed \_\_\_\_\_ Will be Mailed \_\_\_\_\_ LEC will create one for you \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM BY February 15<sup>th</sup>, 2020  
ALONG WITH APPLICABLE ITEM(S)**

|                   |                |
|-------------------|----------------|
| For LEC use only  |                |
| Item Number _____ | Category _____ |

----- **CUT HERE** -----

**Donor Receipt**

Item Donated \_\_\_\_\_

Item Value \_\_\_\_\_ Date Donated \_\_\_\_\_

