



2018 DONATION REQUEST FORM

October 24, 2018
 Radisson Plaza Hotel
 6:30 - 9:00 PM

Donor Information:			
BUSINESS/DONOR NAME – FOR CATALOG: <i>(As it should appear in catalog)</i>			
DONOR CONTACT NAME:		DONOR ADDRESS:	
PHONE:	CITY:	STATE:	ZIP:
EMAIL <i>(This is how we will send you your receipt. Please Print Clearly)</i>			

Item Information:		
ITEM:		ESTIMATED DOLLAR VALUE:
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :		
MARK APPROPRIATE BOX: <input type="checkbox"/> Delivery of item by donor <input type="checkbox"/> Donor provides certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> ARC to create certificate <input type="checkbox"/> Promotional material provided by donor		SIGNATURE: DATE:

For office use only:	
TRACKING NUMBER:	NOTES:



PLEASE RETURN YOUR DONATION FORM BY 10/03/18

Thank you for your donation!

Federal Tax Id: # 38-1613581
 Please consult your accountant to determine the allowable tax deduction.