



The Arc Community Advocates Arctoberfest - Annual Auction

2024 DONATION REQUEST FORM
 Radisson Plaza Hotel - October 24, 2024
 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>				
<table border="1"> <tr> <td> 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 </td> <td>SIGNATURE:</td> <td>DATE:</td> </tr> </table>		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:
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 9/27/24 TO:
LCONANT@COMMUNITYADVOCATES.ORG OR MAIL TO: THE ARC COMMUNITY
 ADVOCATES, 814 S WESTNEDGE AVE, KALAMAZOO, MI 49008,
 269.342.9801

Thank you for your donation!
 Federal Tax Id: # 38-1613581
 Please consult your accountant to determine the allowable tax
 deduction.