



2019 DONATION REQUEST FORM

Radisson Plaza Hotel

October 17, 2019

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 9/25/19 TO:
LCONANT@COMMUNITYADVOCATES.ORG OR MAIL TO: THE ARC COMMUNITY
 ADVOCATES, 3901 EMERALD DR., SUITE B, KALAMAZOO, MI 49001,
 269.342.9801

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