



HARBORVIEWELEMENTARY MAY 19, 2012

DONATION FORM



Donor: _____
(Please print as you would like it to appear in the Program Book.)

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Donation Description:

Please include important details (e.g. size, quantity, number of nights, people, price per item.)

Restrictions: (Exp. Date, restrictions, etc.) _____

Estimated Value: _____

Harbor View Elementary Attn: Jeans and Jewels
900 Goldenrod Avenue * Corona del Mar, CA 92625
acreeves11@me.com * 949-300-4647

Item _____ - _____ Entered: _____

DONATION. ENCLOSED _____ REQUEST PICK-UP _____ TO BE DELIVERED ON _____

Please return this form with your donation. Please retain a copy for your files.

Deadline for all items to be included in Program Book: April 13, 2012.

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Item _____ - _____ Entered: _____