



DONATION FORM

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

Donation Description: _____

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

Estimated Value: _____

Donation: Enclosed _____ Request Pick-up _____ To be delivered on: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ email: _____

Donor is Harbor View Family: _____

Deadline for all items to be included in Program Book: April 12, 2010

Non Profit Tax ID #: 33-0025068

For auction use only:
Input by: _____ Item: _____