

## **Basket Auction Donation Form**

Business/Donor Name (as it should appear in print)		
Address	City	State, Zip Code
Contact Person at Business	Email Address	
Phone Number	Fax Number	
Donor Signature	Date	
Donation:	Estimated Value:	
Description of Item, Service, or Event (please be size, age, or any additional information to accura		
Restrictions (if any). Please note any exclusions date. <i>Certificates should be valid generally one</i>		
Gift Certificate is provided Gift Ce Donor will deliver item/certificate to DCAD Please make arrangements for pick up or	V office by Sept. 6,	

Please return this form to the address or fax # below or email to <u>juro@dcadv.org</u>. Your donation is greatly appreciated. Thank you for your generosity!