

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 size, age, or any additional information to acc	•	
Restrictions (if any). Please note any exclusi date. Certificates should be valid generally o		· · · · · · · · · · · · · · · · · · ·
Gift Certificate is provided Gift Donor will deliver item/certificate to DC Please make arrangements for pick up	ADV office by Sept. 12	<u> </u>

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