4th Annual Fall for Fortress
Dinner and Auction

Saturday, October 29, 2011

Item Name_____

Certificate ☐ None ☐ Included with form ☐ Donor will send
Item ☐ Received ☐ Donor will deliver ☐ Arrange pick up

Retail Value $_____ **Value Type** ☐ Estimable ☐Priceless

Item Description _____

_____

Expiration dates, exceptions, or other pertinent info _____

_____

DONOR

☐ Business ☐ Individual

_____ Anonymous ☐ Yes ☐ No
Business or Individual's Name

_____
Address 1

_____
Address 2

_____
City, State, Zip Code Fax

(_____)_____(_____)_____
Business Phone Cell Phone Email

_____
Donor Signature

SOLICITOR INFORMATION

Name: _____

Phone: _____Cell Phone: _____

Email: _____

OFFICE USE: Item # _____

Date item received: _____
Item Location: _____

TI: _____ CC: _____ GG: _____

Tax receipt sent: _____

FORTRESS YDC

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