

STORYLAND

5th Annual Fortress YDC
Dinner & Auction

Saturday, October 6, 2012

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



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