

MVHS TIMBERWOLVES FOUNDATION



DONATION OF GOODS OR SERVICES

CONTACT INFORMATION

Your Name: _____ Business Name: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

URL: _____ Company Colors: _____

Preferred name/business name for listings in event publications/marketing and signage: _____

DONATION INFORMATION

Donated Item(s): _____ Value: \$ _____

Description: _____

Restrictions (if any): _____ Expiration Date: _____

Is the gift certificate, voucher, gift card attached: Yes _____ No _____

Are you able to deliver or mail item(s):* Yes _____ No _____

Would you rather us pick up: Yes _____ No _____

Contact name to call to coordinate pick-up: _____

Signature: _____ Title: _____ Date: _____

Donation Ideas: gift cards, certificates or vouchers from your business or your favorite place | themed gift baskets w/your promotional material inside | destination tickets | vacation rentals | products from your business | anything else – be creative!

***If you would like to deliver or mail your donation, please return this completed form along with item(s) to: Mission Vista High School, 1306 Melrose Drive, Oceanside, CA 92057, Attn: Timberwolves Foundation-Casino Night. Checks made payable to: Timberwolves Foundation.**

