

YOUTH EFFORTS AGAINST HUNGER

17402 NE Delfel Rd Ridgefield, WA 98642

www.yeahofclarkcounty.org

2020/2021 DONATION FORM

Representative:

(Please type or use ball point pen)

NAME:	ADDRESS & DAY TELEPHONE:
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Donor Information:

DONOR NAME:	DONOR SIGNATURE:		
DONOR CONTACT NAME:	TELEPHONE:	FAX:	EMAIL:
DONOR ADDRESS:	CITY:	STATE:	ZIP:

Item Information:

ITEM NAME:	DONOR-ESTIMATED VALUE: (Must state dollar amount)
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :	
DONOR SIGNATURE & DATE:	MARK APPROPRIATE BOX: <input type="checkbox"/> Item accompanied form <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Promotional material provided by Donor

For office use only:

TRACKING NUMBER:	CATALOG NUMBER:	EVENT REPRESENTATIVE:
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