

# YOUTH EFFORTS AGAINST HUNGER

P.O. Box 87 Brush Prairie, WA 98606

[www.yeahofclarkcounty.org](http://www.yeahofclarkcounty.org)

## DONATION FORM

### Representative:

(Please type or use ball point pen)

|       |                          |
|-------|--------------------------|
| NAME: | ADDRESS & DAY TELEPHONE: |
|-------|--------------------------|

### 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:<br><input type="checkbox"/> Item accompanied form <input type="checkbox"/> Donor provides Certificate<br><input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate<br><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: |
|------------------|-----------------|-----------------------|

