

## **Goods/Services Donation 2019-2020**

Donor (business or individual r	name):			
Business Contact:				
Address:				
Phone:	Email:			
Website:				
A great description is key to a description of donated goods o measurements, event date (for information if necessary.	r services, including	g any restrictions. F	lease	include quantity,
Description:				
Estimated Value:	Expiratio	on Date (if applicabl	e):	
$\Box$ I have a business logo and/or d	ligital image of the do	onation item to email	to auc	tion@ftcns.org
Solicited By (FTCNS family):		Child's	Class	<u></u>
Date of Donation:				
Please mail completed forms to: I	Fundraising, FTCNS	1500 W. Elmdale, C	hicago	o IL 60660.
Families Together Cooperative Nurs tax deductible. Please consult a tax p				our donation may be
	*****	**		
For Volunteer Use:				
Intake Written	Published	$\Box$ Item needs photo	🗆 lte	em needs certificate
Notes:				