

I. CONTRIBUTOR : INDIVIDUAL BUSINESS FOUNDATION

Name : _____ Contact : _____

Address : _____ Suite : _____

City : _____ State : _____ ZIP : _____

Office Phone : _____ Home Phone : _____

E-mail : _____

II. TYPE OF CONTRIBUTION : AUCTION GIFT CERTIFICATE AUCTION ITEM PRODUCT OR SERVICE

Estimated value of gift(s) \$ _____ Expiration date or restrictions : _____

Description of donation : _____

Donation or gift certificate enclosed Needs to be picked up

Would like hospital to make gift certificate on our behalf

III. RECOGNITION :

I **would** **would NOT** like my name / company name to appear in all publications.

Please PRINT exactly as it should appear in promotional materials, including capitalizations and abbreviations.

I would like to receive a 2011 Treasure Street Thank You Poster to display in my window.

IV. SIGNATURE :

Signature of donor : _____ **Date :** _____