

I. CONTRIBUTOR : Corporate Individual Retailer

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

II. TYPE OF CONTRIBUTION : Auction gift certificate Auction item Product or service

Estimated value of gift(s) \$ _____

Description of donation:

Expiration date or restrictions: _____

Donation or gift certificate enclosed

Needs to be picked up

Would like hospital to make gift certificate on our behalf

III. PRINTING :

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 2010 Treasure Street Thank You Poster to display in my window
(contract must be received no later than August 1, 2010).

IV. SIGNATURE :

Signature of donor: _____ Date: _____