



DONOR FORM – PLEASE PRINT ALL INFORMATION

Donor/Business Name: _____
Please print as name should appear on signage/publicity

Contact: Mr. Mrs. Ms. Mr. & Mrs. _____
First and Last Name

Address: _____
Street/PO Box City State Zip

Phone: _____ Email: _____



ITEM INFORMATION

Item Name: _____

Description: _____

Item Value: \$ _____ Solicited By: _____

Is this item a gift certificate? Yes No Expiration Date? _____

_____ Gift Certificate provided by donor
_____ Gift Certificate provided by Kickin' Parkinson's

SPECIAL NOTES (Pick up information, etc.):



_____ Item Number _____ Table Number