



3rd Annual Motorcycle Run

DONATION FORM

(Please complete one form for each item donated.)

DONATED ITEM _____ VALUE OF ITEM \$ _____

DONOR NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

E-MAIL _____ FAX _____

HOW WOULD YOU LIKE YOUR COMPANY/NAME LISTED IN PROMOTIONAL MATERIALS? _____

CONTACT PERSON: _____

ITEM DESCRIPTION (Please include details such as type of item, size, color, special features, etc.)

RESTRICTIONS, IF ANY (Please include expiration dates, black out dates, and any other restrictions or requirements. If none, please write NONE.) _____

Will this item be physically present? Yes _____ No _____
If No, is a gift certificate attached? Yes _____ No _____
If No, should the Saint Vincent's prepare a gift certificate? Yes _____ No _____

DELIVERY OF ITEM

_____ Donor will deliver or mail item(s).

_____ Donor to notify **Sheila Wilkins at (508) 235-3470** to arrange local pick-up for large items only.

FAX THIS FORM:

Saint Vincent's
(508) 672-2558

OR

MAIL THIS FORM TO:

Saint Vincent's
2425 Highland Avenue
Fall River, MA 02720
Attn: Sheila Wilkins

DONOR'S SIGNATURE _____ Date _____