



Sensation Celebration

2016 DONATION FORM

Event Coordinator:

(Please type or use ball point pen)

NAME:	ADDRESS & DAY TELEPHONE:
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Donor Information:

DONOR NAME – FOR PROGRAM | AUCTION TICKET: (name exactly as it should appear)

DONOR CONTACT NAME:	TELEPHONE:	FAX:	EMAIL:
DONOR ADDRESS:	CITY:	STATE:	ZIP:

Item Information:

ITEM NAME:	DONOR-ESTIMATED VALUE: (Must state dollar amount)
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :	
DONOR SIGNATURE & DATE:	MARK APPROPRIATE BOX: <input type="checkbox"/> Item accompanied form <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Promotional material provided by Donor

For Committee use only:

TRACKING NUMBER:	DATE RECEIVED:	NOTES:
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An Awareness Event to benefit:
 STAR Institute for Sensory Processing Disorder, a Colorado 501(c) 3 public charity

Fed Tax ID#: 27-4386097 • Your donation may be tax deductible • Check with your tax advisor

5420 S. Quebec Street, Suite 103 ~ Greenwood Village, CO 80111 ~ 303.221.7827 / fax - 303.322.5550
 www.spdstar.org

Please return your donation form no later than: **Fill in Date**