


4th Annual #TEAMCOZZI **No One Fights Alone**
DIPG AWARENESS **Benefit Night**

SATURDAY, MAY 11, 2019 5:00PM -11:30PM
 WA STATE FAIR EVENTS CENTER EXPO HALL - 110 9TH AVE SW PUYALLUP WA 98371

DONATION FORM

TeamCozzi Representative:

NAME:	PHONE:
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Donor Information:

DONOR NAME or BUSINESS: (Name as it would appear on Bid Sheet)			
DONOR CONTACT NAME:	TELEPHONE:	EMAIL:	
DONOR ADDRESS:	CITY:	STATE:	ZIP:

Item Information:

ITEM NAME:	DONOR-ESTIMATED VALUE: (Please state dollar amount)
ITEM DESCRIPTION – PLEASE INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :	
DONOR or DONOR REPRESENTATIVE 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

Volunteer use only:

NOTES:

THANK YOU FOR YOUR SUPPORT!
 Delivery/Pickup Information or Questions – Contact TeamCozzi Representative or email
 teamcozzi@gmail.com – Subject: Donation

PLEASE RETURN YOUR DONATION & FORM BY FRIDAY, APRIL 27th
Please keep a copy for your records