



# Garden Party 2010

## Donor Information Sheet

*Please fill out completely and legibly!*

*Any donations not accompanied by a donor information sheet will not be accepted!*

Name of Business or Individual(s): \_\_\_\_\_

Name as you would like it to appear in program: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Date of Donation: \_\_\_\_\_

### List of donated items:

<i>Item(s)</i>	<i>Value</i>	<i>Basket Name/Silent Auction</i>

**Total Value of Your Donation:** \_\_\_\_\_

**All donations must be in-house by March 26, 2010.**

Contributions are tax-deductible as defined by law.

**Committee Member:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

*Fox Valley Volunteer Hospice is a community-based organization. Our mission is to enhance the quality of life by providing the best in compassionate services to persons with life threatening illnesses and the bereaved.*

**Mail contribution and completed form to: Fox Valley Volunteer Hospice, 200 Whitfield Drive, Geneva, IL 60134. Questions? Call (630) 232-2233, ext. 221.**

For office use only:

\_\_\_\_\_ GiftWorks \_\_\_\_\_ Spreadsheet \_\_\_\_\_ TY Sent