

Date Recvd _____

TY Ltr _____

2026 Festival of Trees Item Donation Information

Items to be used for Raffles or the Silent Auction

Donor Name: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email: _____

Estimated Value of Donation: _____

Description of Your Donation (Please include any limitations or restrictions): _____

If a gift certificate, do you want to make the gift certificate or would you like us to provide this for you?

- Yes, you provide the gift certificate
- No, I'll provide the gift certificate

Do you want us to pick up your donation or will you deliver it to ClearPath Healthcare?

- No, I'll deliver it to the ClearPath Healthcare
- Yes, call and we'll set a time to pick it up

Date: _____

Our team may group your item(s) together with other things in a large basket for raffle or may offer as a Buy-It-Now item and will be responsible for pricing items.

Do you have any props/brochures/business cards for display with your item? If so, please include with your donation at pickup or delivery.

Thank you for your generous donation!



Serving Bend | Redmond | Sisters | Powell Butte | Prineville |
Crooked River Ranch | Terrebonne | Madras

ClearPath Healthcare is a 501 (c)(3) nonprofit organization. Donations are tax deductible as approved by the IRS. Tax ID (EIN): 93-0808743

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