Date Recvd	
TY Ltr	

2025 Festival of Trees Item Donation Information

Items to be used for Raffles or the Silent Auction

Donor Name:		
Mailing Address:		
Telephone:	F	-ax:
Email:		
	Estimated Value of Donation:	
Description of Your D	Oonation (Please include any limitations o	or restrictions):
	you want to make the gift certificate to provide this for you?	Do you want us to pick up your donation or will you deliver it to Hospice?
☐ Yes, you provide the gift certificate		☐ No, I'll deliver it to the Hospice
□ No, I'll provide	e the gift certificate	☐ Yes, call and we'll set a time to pick it up Date:
things in a large bask	our item(s) together with other et for raffle or may offer as a will be responsible for pricing	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!

