



Theatre of Western Springs
Taste of the Arts Event
July 18, 2009

AUCTION DONATION FORM
Donation Deadline: May 15, 2009

Donated Item _____

Description _____

Fair Market Value _____ Expiration Date _____

Conditions/Restrictions _____

Donor Name *(as you would like it listed in the program)* _____

Contact Person *(if different than above)* _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Please arrange for my donation to be picked up.

I will mail/deliver my donation to the theatre.

Yes! Please make sure I get an invitation to the event. The invitation should be sent to:

Name _____

Address _____

Thank you for your generosity!



Office Use Only:

Donation# _____ Date Arrived _____ Item at TWS _____ Item to Arrive _____

TWS Contact: _____ Notes _____