



Saturday, November 5, 2016  
Fremont Studios

**Dessert Dash Form**  
Please Submit by **October 7, 2016**

**DONOR INFORMATION**

**Donor Name** (Please list above EXACTLY as you would like the donor listing to appear in the auction catalog)

**Contact Name** **Email**

**Address** **City/State/Zip**

**Phone** **Alternate Phone**

**Name of Individual for Thank you/Tax letter** (if different than donor/contact name)

**Signature of Donor** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Donation cannot be processed without donor signature. If submitted electronically, entering your name serves as your signature.)

**DESCRIPTION OF DESSERT ITEM**

**Dessert Name:**

**Value** (Please estimate for tax purposes): \$

**Item Description\*:** Please note below if your dessert contains nuts of any kind, and which types.  
 Contains Nuts     Gluten-Free     Dairy-Free     Vegan     Other

**DELIVERY OF DESSERT ITEM** (please select one)

- Boyer to Pick-Up on Saturday, November 5th. Best Times:** \_\_\_\_\_
- Donor will deliver to **Boyer Children's Clinic on Friday, November 4th between 9:00—5:00 PM**
- Donor will deliver to **Fremont Studios on Saturday, November 5h between 12:00—3:00 PM**

**Please return this completed form via fax, mail or email before October 7, 2016.**

Boyer Children's Clinic 1850 Boyer Avenue East, Seattle, WA 98112  
Ph: (206) 325-8477 Fx: (206) 323-1385 Email: [specialevents@boyercc.org](mailto:specialevents@boyercc.org).

*This donation becomes property of Boyer Children's Clinic. • Tax ID #91-1316838 • Proceeds from the sale will benefit children with neuromuscular disorders and developmental delays, and their families, through programs at Boyer Children's Clinic.*