



Saturday, November 4, 2017
Fremont Studios

2017 Wine Procurement Form

THANK YOU FOR SUPPORT!

Please be as complete as possible in completing this form, as it will be used to develop the description of your donation in the event program and to acknowledge your contribution and serve as tax-deductible information.

Office Use Only:
Date Received: _____
Solicitor: _____
Item # _____
Package #: _____

DONATED ITEM(s): _____

ESTIMATED RETAIL VALUE: _____

DONOR INFORMATION:

Name: _____ **Company Name** (if applicable) _____

Address: _____ **City, State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

DONOR RECOGNITION: Please specify exactly how the donor should be recognized in Gala materials (e.g., Donated by the XYZ Company; Donated by Mr. & Mrs. Jack Smith; Donated by Jane & Jack Smith; Anonymous).

ITEM DESCRIPTION: If pertinent, please provide additional information about your wine donation:

Winery: _____ **Name of Wine:** _____

Vintage: _____ **Appellation:** _____

Ratings: _____

ITEM DELIVERY: Please coordinate delivery of the donated item and supporting collateral.

Attached/Enclosed: _____

To be delivered to Boyer by (date): ____/____/____

Can be secured by contacting: _____

DONOR SIGNATURE

Date

Please return this completed form via fax, mail or email before September 29, 2017.

Boyer Children's Clinic is a registered 501(c)(3) nonprofit organization. • 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.