

DONATION Procurement Form



THANK YOU FOR YOUR SUPPORT!

Donor Information

Company _____

Contact Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

I wish to remain anonymous

Donated Item Description and or Restrictions

Please include all details such as quantity, size, color, brand & model #, number of persons, days/nights, expiration date and restrictions, if any.

Estimated Retail Value \$ _____

- Donor will provide actual item
- Item must be picked up from donor
- Donor will provide a certificate
- Please produce a certificate for the donor (include all necessary contact information)

Donor Signature _____ Date _____

Donation Secured by _____

For more information or questions, please contact us at:

slavigne@auburnvalleyhs.org | 253-249-7849 | auburnvalleyhs.org

Fax the completed form to 253-929-8612 or send via email to slavigne@auburnvalleyhs.org



4910 A St SE
Auburn WA 98092
auburnvalleyhs.org



6401 Pacific Avenue
Tacoma, WA 98408
nwspayneuter.org

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