

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Donor's name exactly as it should appear in the program: \_\_\_\_\_

Description of item for program: \_\_\_\_\_

Retail Value: \$ \_\_\_\_\_ (Required by the IRS)

Any limitations or restrictions?

Is the item/certificate enclosed?  Yes  No

Would you like the YMCA to create a gift certificate for your item?  Yes  No

If yes, who is to be listed as a contact?

Should the item be picked up?  Yes  No

If yes, please fill in contact name and phone for pick up: \_\_\_\_\_

Do you request an invitation sent to your Business?  Yes  No

Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## THANK YOU FOR YOUR SUPPORT

Secured by: \_\_\_\_\_  
(Committee Members Signature)

Please return this completed form to the YMCA no later than  
Friday, April 17, 2009 to be included in the Silent Auction Program.