

Donor Information Donor/Business Name (exactly as you want it listed in p	orogram):		
Contact Name:			
Address:			
City, State, Zip:			
Phone:	Email Address:		
Auction Item Details			
Donor's Estimated Retail Value of Item: \$	(required for processing)		
Description of Item (please be specific and list restrictions/	limitations):		
Donation			
Please accept my tax-deductible donation of \$			
Check # enclosed. Please make		nelp Wings Orange	County.
Please charge my: American Express Disco	- 0	1 0 0	J
Name on Card	Credit Card #		
Signature	Expiration Date	Security Code	Billing Zip Code
Delivery Arrangements			
Item/Certificate accompanies this form	Create a certificate or	n my behalf	
Item can be picked up on//	_		
Donor Signature:		Date:	
Solicited By:		Date:	

Please attach a copy of any documentation or display materials regarding the item donated with this form and submit to:

Kristen James, 807 Aleppo Street, Newport Beach, CA 92660

For more information please contact (951) 733-8880 or kldcjames@yahoo.com or visit Childhelp.org/ocbowlingforgreen

