

PVCC 30th ANNIVERSARY DONATION FORM

DONOR INFORMATION

Donor Name as it should appear in silent auction (company or individual)

Contact: Title (Mr., Mrs., Etc.) _____ First Name: _____ Last Name: _____

Address (Business Residence): _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ Fax Number: () _____

GIFT INFORMATION: *(One Item per form-please use additional forms for additional items.)*

Donor Estimated Value (REQUIRED): \$ _____

Item donated: (short title): _____

Detailed Description *(Please include limitations, expiration dates, black-out periods, restrictions, etc.):*

PICK UP/ DELIVERY CHECKLIST:

- ❖ _____ The item is included here with the form.
- ❖ _____ The item will be delivered to Paradise Valley Community College (Day & Time):
- ❖ _____ Please pick up item from Donor on (Day & Time):
- ❖ _____ Photos, corporate logos, artwork, etc., are enclosed for use in item display.

Signature of Donor or Contact

Date

THANK YOU FOR YOUR SUPPORT!

Paradise Valley Community College
Office of Development, Alumni and Community Relations
18401 N. 32nd St. Phoenix, Arizona 85032
602-787-6684

This item is tax deductible

Maricopa Community Colleges Foundation Federal Identification Number 86-0327440

