



OUR FRIENDS PLACE

Our Friends Place Gala Item Donation Form

Omni Hotel | Saturday, April 29, 2017

Donor Name _____
Please print name exactly as it should appear, including capitalizations and punctuation.

Contact _____

Address _____

City, State. Zip _____

Phone _____ Fax _____

Email _____

Website _____

Description of Item Donation(s):	Fair Market Value:
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Description of any Restrictions:
We ask that items with an expiration date expire no earlier than 4/29/2018, one year from our event date.

Is the item or gift certificate included with this form? Yes No My gift is anonymous.

Will it be delivered? Yes No If yes, when? _____

Should it to be picked up? Yes No If yes, when and where? _____

We are unable to attend, but want to make a charitable contribution of \$ _____

Please return the completed form to:
Our Friends Place | 6500 Greenville Ave, Suite 620 | Dallas, TX
75206 214.520.6268 | 214.526.6219 fax |
Brenda.Snitzer@OurFriendsPlace.org