



2015 Donation Form

<u>OFFICE USE ONLY</u>
___ ENTERED
___ DATE RECEIVED

Name of Donor _____ Company _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ E-mail _____

Please list our donation in the program as: _____

- I wish to remain anonymous**
- I would like to donate the following item(s) or services for the silent auction (Please be specific, giving description, restrictions, blackout dates, special conditions; and provide any items that represent the product or service being provided – e.g., brochures, boxes, menu and/or gift certificate. For multiple gifts, please use a separate form for each item)**

Restrictions

Donor Stated Fair Market Value _____ Item is can be picked up on _____

Alexander Leigh Center for Autism THANKS you and gratefully acknowledges your gift!

Please return this form with you item donated to:

*Attn: Rhienna McClain Trevino
 Alexander Leigh Center for Autism
 620 N. Rt. 31, Crystal Lake, IL 60012
 Rtrevino_alca@yahoo.com*

For additional opportunities to support ALCA please visit www.alexanderleighcenterforautism.com