



2016 Annual Gala Donation Form
Alexander Leigh Center for Autism
(Please complete this form in its entirety and return promptly)

Name of Donor _____ Company _____

Address _____ City _____ Zip _____

Phone Number: _____ E-mail _____

Acknowledgement: As Listed Above Other: _____

Donated Item(s): _____

Detailed Description of Item(s), good(s) or service(s):

Restrictions: *(Blackout dates, special conditions, expiration, etc.)*

Fair Market Value \$ _____

Thank you for your generous donation!

If you have any questions, need to schedule a pickup of your donation, or are interested in additional opportunities to support ALCA please contact Lori Baker, Director of Development at lbaker@alcacenter.org or Rhienna McClain Trevino, Director of Events & Marketing at rtrevino@alcacenter.org or 815.477.2522.



OFFICE USE ONLY

DATE RECEIVED

ENTERED

