



Good Gifts Gala
2017 Item Information Form

Attach one Form to each submitted item.
Items due by September 1, 2017

Quilt Name: _____

Donor of Quilt: _____

(If group or church, please provide contact name)

Phone Number

Quilt Information: Check all that apply

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Hand embroidered | <input type="checkbox"/> Machine appliquéd | <input type="checkbox"/> Tied |
| <input type="checkbox"/> Machine quilted | <input type="checkbox"/> Hand appliquéd | <input type="checkbox"/> Hand quilted |
| <input type="checkbox"/> Pre-printed fabric pattern | <input type="checkbox"/> Machine embroidered | <input type="checkbox"/> Other _____ |

Dimensions: Width _____ Length _____

Name of Quilter: _____

Estimated Fair Market Value of Item Donated: \$ _____

Additional Information:

Donor Mailing Address: _____

City: _____ State: _____ Zip: _____

Donor E-mail: _____