



ROSEVILLE COMMUNITY PRESCHOOL

Donation Form

Do you want the donation listed by: Donor/s Name* Anonymous

*Please print your name and/or company name on the Donor Name line the way you would prefer it listed in the catalog.

Donor/s Name: _____

Contact Person (full name please): _____

Street: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____

Email: _____

Website: _____

Cash Donation: \$ _____ Check (payable to Roseville Community Preschool)

Item: _____

Item Description: (Please provide complete details)

(e.g. Quantity, size, color, number of rooms, number of persons per night, price per item, etc.)

Expiration Date/Restrictions _____

Unless otherwise specified, all donations are understood to be valid for one year from the Auction date.

Please check all that apply:	
<input type="checkbox"/> Brochure / Menu / Marketing Material Enclosed	<input type="checkbox"/> Item
<input type="checkbox"/> I will deliver my item by (date)	<input type="checkbox"/> Gift Certification
<input type="checkbox"/> Waiting for: _____	<input type="checkbox"/> Please create gift Cert.

Solicited By: _____

RCP Class: __ 3AM __ 3PM __ 2AM __ 2PM