

Taste of Tri Delta 2012

Silent Auction Donation Form

**Delta Delta Delta Fund for Children’s Hospital Colorado
Center for Cancer and Blood Disorders**

Event date: April 14, 2012

Tax receipt and gift/donation description information



Donor Name(person): _____

Company: _____

Address: _____

Telephone: _____ Email address: _____

Donation description: _____

Value: _____

Restrictions for use: _____

Date donated: _____ Volunteer contact: _____

Donors: This is your receipt for tax purposes. Just complete the above information to the best of your knowledge and keep this bottom section for your records.

Thank you again for your generous support!

Event date: April 14, 2012 Proceeds benefit: The Delta Delta Delta Endowment for Children’s Hospital Colorado Center for Cancer and Blood Disorders

Mail items/certificates to: Becky Easton, 704 Fulton St., Aurora, CO 80010

Donor name: _____

Address: _____

Items donated: _____

Value: _____

We are a 501(c)(3) non-profit organization (# 84-0725877) and all proceeds from our event go directly to our endowment fund at Children’s Hospital Colorado.

We are proudly an entirely volunteer organization and again, appreciate your continued support!

Questions or concerns? Please call Becky Easton, 480-577-8584. THANKS!