



**Event Date: Saturday, January 21, 2017**  
 Procurement deadline for event catalog: December 16, 2016

<b>DONOR INFORMATION</b> (please print)			
Name of Donor (as you would like it to appear in catalog)		Business Name (if applicable)	
<b>Contact</b>	Name		
Mailing Address 1		Mailing Address 2	
City	State	Zip	
Phone	Fax	Email	
<b>DONATION INFORMATION</b> (please print)			
Detailed Description of Donation			Estimated Fair Market Value \$
RESTRICTIONS? If YES, provide details			

<b>DONATION DETAILS</b> (check all that apply)		
DELIVERY	CERTIFICATES & DISPLAY	MISCELLANEOUS
<input type="checkbox"/> I will deliver <input type="checkbox"/> Please contact me to arrange pickup	<input type="checkbox"/> I will provide gift certificate <input type="checkbox"/> Please create gift certificate <input type="checkbox"/> I have props to enhance display	<input type="checkbox"/> Cash donation enclosed <input type="checkbox"/> Please contact me regarding sponsorship opportunities <input type="checkbox"/> Employer's matching gift form enclosed

<b>Deliver Donations &amp; Props by</b> _____ <b>to:</b> _____		<b>Please mail or fax this form to:</b> American Cancer Society - Fort Myers 4575 Via Royale Suite 110 Fort Myers, FL 33919 Phone: (239) 936-1113 ext. 3906 Fax: (239) 936-3763 <b>or email to <a href="mailto:stacey.mueller@cancer.org">stacey.mueller@cancer.org</a></b>
For Use By Procurement Committee		
Procured By _____	Phone _____	
Email _____		



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