



DSCOK DONATION FORM 2024

DSC VENDOR: YES/NO

DONATION VALUE: _____

100% DONATION YES/NO

IF NO, PROVIDE RESERVE AMOUNT: _____

DONOR INFORMATION

COMPANY/INDIVIDUAL NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY _____ STATE/PROVINCE: _____ POSTAL CODE: _____

COUNTRY: _____ TELEPHONE _____

EMAIL: _____ WEBSITE: _____

DONATION INFORMATION

DETAILED DESCRIPTION OF ITEM/ACTIVITY DONATED:

WILL ITEM BE AVAILABLE FOR PICKUP AT BANQUET? YES/NO

IF NOT, PROVIDE DETAILS FOR DELIVERY OF DONATION:

DONOR NAME/TITLE PRINTED: _____

DONOR SIGNATURE _____ DATE _____