**DONATION FORM**

**Donor Name:**

**Business Name:**

**Business Address:**

**Mailing Address:**

**City:** **State:** **Zip:**

**Phone:** ( ) **Fax:** ( )

**Contact Person:** **Title:**

**Email Address:**

**Item & Description:**

**\*Item Value: $** **\*Expiration Date:**
*\*Donor sets the value of the item for tax purposes. Angel Faces will set the starting bid for the auction. Please note: It is helpful
to Angel Faces if expiration dates could be extended one year from event date whenever possible.* ***Thank you!***

**Donor’s
Signature:**

Delivery: Please mail donations to: Angel Faces

 2235 Encinitas Blvd, Ste 107
 Encinitas, CA 92024

If item(s) needs to be picked up, please contact Ashley Sammons

 ashley@angelfaces.com

 o: 760.487.1720
 c: 760.213.8005

|  |
| --- |
| Office Use Only: |

PLEASE INCLUDE THIS CONTRACT WITH YOUR DONATION. ONCE THE DONATION HAS
BEEN RECORDED, A COPY WILL BE RETURNED TO YOU AS YOUR RECEIPT.

**ANGEL FACES APPRECIATES YOUR SUPPORT!**

*501(c)(3) non-profit Federal Tax ID# 20-5718594*