



Holiday Fantasy Gala Dinner and Auction



Friday, December 5th, 5:30 – 10:00 PM at Emerald Downs
(Contribution Deadline: October 24, 2008)

DONOR FORM

Donor's Name – *as you would like it to appear in promotional material*

Donor Contact Person _____ **Phone** _____

Donor Address _____

Email address _____

Donor's Estimate of Retail Value \$_____. **Expiration Date** _____

Item Description – *please state limitations, special conditions and details*

Item(s) to be ___Picked up ___Delivered ___Certificate Will be Mailed

Special Delivery Arrangements _____

Signature _____ **Date** _____

Please mail or email this form back to us, and retain a copy.

You may donate by writing a check payable to ERHF.



Enumclaw Regional Healthcare Foundation

(Formerly the Enumclaw Community Hospital Foundation)

Rebecca Walton, Office Manager
P.O. Box 905 (1450 Battersby Street)
Enumclaw, Washington 98022

We are a non profit 501 (c) 3 organization - IRS ID # 91-1192604.

Foundation Representative _____ **Phone** _____

Rebecca Walton, Office Manager, Phone: 360-802-3206, Fax: 360-272-4013, rwalton@enumclawrhf.org.