

Rock Your Baby Annual Celebration

Thursday, September 14, 2017

Auction Item Donation Contract



Individual Donor Name

Or Company Name _____ Title: _____

Company: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Description of Donation (quantity, size, color, etc.). **Please complete one gift contract per item.**

Gift Certificate/Card Tangible item enclosed This contract serves as a Gift Certificate

Donor will deliver gift to TDB Item needs to be picked up

Specific Terms, Dates or Expiration Dates, Conditions, Restrictions:

Donation Estimated Value: \$ _____

Donor Signature

Solicitor Name (Please Print)

Date

Please keep a copy of this form for you records and return this form with your donation to:

The Diaper Bank
Attn: Nicole Glorioso
370 State Street
North Haven, CT 06473

ALL DONATIONS MUST BE RECEIVED BY SEPTEMBER 1, 2017

Thank you for your ongoing support!