

A PICKLEBALL FUNDRAISER TO SUPPORT
LIFE SKILLS, INDEPENDENCE, AND OPPORTUNITY
FOR YOUTH AND YOUNG ADULTS WITH AUTISM AND I/DD.

ITEM DONATION FORM

DONOR INFORMATION

DONOR COMPANY NAME

DONOR CONTACT NAME

DONOR ADDRESS

CITY STATE ZIP CODE

PHONE NUMBER EMAIL

ITEM INFORMATION

ITEM NAME DONOR-ESTIMATED \$
VALUE

ITEM DESCRIPTION

(Include Quantity, Size, Color, Number of Persons, Weeks, Days/Nights, Expiration and **ALL RESTRICTIONS**)

MARK APPROPRIATE BOX

☐ Item accompanied form	☐ Item needs to be picked up	☐ Delivery of item by Donor
☐ Donor provides Certificate	☐ Committee to create Certificate	☐ Promotional material provided by Donor

DONOR SIGNATURE _____ DATE _____

For tickets and sponsorship opportunities:
Scan QR Code or Visit: PICKLE TIX

