

Ladies Night



Donation Form

Name: _____

Grade: _____ Email: _____

Item Donated: _____

Value: _____

Would You Like To Be Listed In Program: ___ Yes ___ No

How would you like to be listed: _____

Please return this form with your donation, and make a copy for your records for tax purposes.

If this is a cash or gift card donation please return this form in an envelope with your donation to the main office:

Attn: Ladies Night Donation

Kristin Borrelli