



Benefit Dinner & Auction

Saturday, May 11, 2024

PROCUREMENT FORM

Donor/Company Name

Contact Name

Phone

Email

Address

City/State/Zip Code

Website

Solicitor

Donor Signature

Date

ITEM NAME AND DESCRIPTION

Please specify size, color, time limitations, restrictions, etc.

Donor Stated Value: \$ _____

ITEM DELIVERY & DISPLAY

- | | |
|--|---|
| <input type="checkbox"/> Donor will deliver item | <input type="checkbox"/> Gift Certificate attached |
| <input type="checkbox"/> Solicitor will pick up item | <input type="checkbox"/> Gift Certificate to be created by Mt. Si Senior Center |

Please return form to: Mt. Si Senior Center
P.O. Box 806 North Bend, WA 98045
Federal Tax ID: 91-1009419