



MOONLIGHT
MASQUERADE

IN-KIND DONATIONS

Saturday, April 28, 2018
The Fairmont

Donation Information

Item Name: _____

Value as Stated by Donor (for tax purposes for CCA): _____

Description of donation for catalog: _____

Restrictions (i.e. number of persons, excluded dates, expiration date, other limitations or comments): _____

Certificate: Included with form Donor will send by _____ Arrange pick-up Please print

Item : Received Donor will deliver by _____ Arrange pickup

Donor Information

Business or Individual's Name: _____

Address: _____

City, State, Zip: _____ Fax: _____

Preferred Phone: _____ Cell Home Work

Email: _____

Contact person if donor is a business:

Name: _____ Phone: _____

Email: _____

Solicitor *(if different than donor)*

Name: _____

Preferred Phone: _____ Cell Home Work

Email: _____

Donor Signature: _____ **Date:** _____

Please return this form by April 6, 2018 to:
Catholic Charities Atlanta, 2401 Lake Park Drive, SE, Smyrna, GA 30080
Fax: 404-920-7756 or Email: to soiree@catholiccharitiesatlanta.org