



CASINO Night

ITEM DONATION FORM

Donor Name _____ *As it should appear on Written Materials*

- I would like to be considered anonymous.
- I am interested in a Casino Night Sponsorship in addition to my item donation. *The committee will follow up.*
- I would like to attend the Casino Night! *Look for more information to come in your email.*

Contact Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Cell Phone (____) _____

*Items must be received by **November 4** to guarantee use at Casino Night!

Item Name: _____ Estimated Value \$ _____

Description:

Expiration Date (If Applicable): _____

Special Instructions? Anything else we should know? _____

ITEM DELIVERY:

- I will have the donation delivered to Our Lady of Sorrows Catholic School (24040 Raphael, Farmington, MI 48336).
- I request PICK UP of the donation. *A member of the committee will call you to follow up.*

Questions? Contact Erin Somerville directly at esomerville@olsorrows.com or 248-536-1174

THANK YOU FOR YOUR GENEROUS SUPPORT!

For Advancement Office Use Only: _____ Item Received & Stored _____ Item Recorded in Software