



Donation Description Form October Wellness Fest 2017

PLEASE RETURN THIS FORM TO:

info@upliftyourself.com

Uplift Yourself © 2027 152nd AVE NE, Suite 100, Redmond, WA 98052

UPLIFT YOURSELF TAX ID#: 90-1035303

To successfully process & acknowledge each donated item please complete the following form.

ALL October Wellness Fest Forms & Donations MUST be received no later than 09/01/2017

Donated Item/Service: _____

Donor: _____ Check this box to remain Anonymous

Contact: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____ Fair Market Value: \$ _____

COMPLETE DESCRIPTION:

LIST ANY/ALL RESTRICTIONS OR LIMITATIONS AFFILIATED WITH DONATED ITEM:

Donated Item:	<input type="checkbox"/> Attached	<input type="checkbox"/> Need to pick up	<input type="checkbox"/> Will be delivered to Uplift Yourself
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Certificate:	<input type="checkbox"/> Attached	<input type="checkbox"/> Need to pick up	<input type="checkbox"/> Uplift Yourself will provide
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Display Materials:	<input type="checkbox"/> Attached	<input type="checkbox"/> Need to pick up	<input type="checkbox"/> Will be delivered to Uplift Yourself
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Donor Name _____ Donor Signature X _____ Date: _____

Donation(s) Accepted By: _____ Signature X _____ Date: _____

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FOR OFFICE USE ONLY

Processed by: _____ Date Received: _____ Total In-Kind Amount: \$ _____ Auction Software

Thank You Sent Tax Letter Accounting Database