



SAGEBRUSH MONTESSORI
 507 WRIGHT AVENUE
 RICHLAND, WA 99352
 (509) 713-7322

2020 Raise A Glass Donation Form

(Please type or use blue or black pen)

PARENT NAME: _____ PHONE: _____

DONOR INFORMATION:			
BUSINESS/DONOR NAME - For Catalog: (as would appear in event program)			
DONOR CONTACT NAME:	DONOR ADDRESS:		
PHONE:	CITY:	STATE:	ZIP
EMAIL: (This is how we will send your receipt. Please print clearly)			

ITEM INFORMATION:		
ITEM:	ESTIMATED DOLLAR VALUE:	
ITEM DESCRIPTION - INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND ALL RESTRICTIONS AND EXPIRATION DATES IF APPLICABLE:		
MARK APPROPRIATE BOX <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Donor Provides Certificate <input type="checkbox"/> Committee to create certificate <input type="checkbox"/> Promotional material by donor	SIGNATURE	DATE

FOR OFFICE USE ONLY	
TRACKING NUMBER:	NOTES: