



Bracelet of Hope
 21 Yarmouth St.
 Guelph, ON N1H 4G2
 phone: (226) 790 3824
 fax: (519) 822 6704
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2019 DONATION FORM

(Please type or use blue or black ink)

Committee Member	NAME:	PHONE:
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Donor Information:

BUSINESS/DONOR NAME – FOR CATALOG: *(As it should appear in catalog)*

DONOR CONTACT NAME:

DONOR ADDRESS: *(tax receipts are sent in the mail in February of each year, please print clearly)*

PHONE

CITY:

PROVINCE:

POSTAL CODE:

EMAIL

Item Information:

ITEM:

ESTIMATED DOLLAR VALUE:

ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND ALL RESTRICTIONS:

MARK APPROPRIATE BOX:

- Delivery of item by Donor Donor provides Certificate
 Item needs to be picked up Committee to create Certificate
 Promotional material provided by Donor

SIGNATURE

DATE:

For office use only:

TRACKING NUMBER:

NOTES:

PLEASE RETURN YOUR DONATION FORM BY 01/11/2019