



K.A.L.A.
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K.A.L.A. AUCTION & PICNIC
 Saturday, September 9th, 2017

2017 DONATION FORM

K.A.L.A. Member	Name:	Phone #:
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Donor Information:			
Business/Donor Name:			
Donor Contact Name:		Donor Address:	
Phone #:	City:	State:	Zip:
Email:			

Item Information:	
Item:	Estimated Dollar Value:
Item Description - (Include quantity, size, color, # of persons, days/nights, and <u>ALL RESTRICTIONS</u>):	

Mark Appropriate Box: <input type="checkbox"/> Item needs to be picked up by buyer <input type="checkbox"/> Item to be delivered by donor to buyer <input type="checkbox"/> Item given to K.A.L.A. member <input type="checkbox"/> Other: _____	Donor Signature:	Date:
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Please Return Your Donation Form By **Thursday, August 31, 2017**

Federal Tax ID #: 20-8015362