



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

2019 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

____ Delivery of item by Donor

____ Donor Provides Certificate

____ Committee to create certificate

____ Promotional material by donor

SIGNATURE

DATE

FOR OFFICE USE ONLY

TRACKING NUMBER:

NOTES: