



29th Annual Roundup for Autism Pegasus Ball Auction Contribution September 15-17, 2017

ITEM # _____

Please **PRINT** or **TYPE** all information.

Date: _____

Name of Donor (as it should be listed in the program)

Contact Person for Donation

Address

City, State, Zip Code

Phone Number (area code first)

Contributor's Signature

Contributor 's E-Mail

Description of Item:

Restrictions, if any:

Value (\$):

Does Item need pick-up services? _____ yes _____ no

Name of Solicitor: _____ Phone #: _____

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contact: Michelle Weatherspoon (x106) or michelle@roundupforautism.org
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Please make a copy for your records

www.roundupforautism.org