



# 31st Annual Roundup for Autism

*benefitting Autism Treatment Center*

## Pegasus Ball Auction Contribution

### September 7, 2019

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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Please make a copy for your records