



32nd Annual Roundup for Autism

benefitting Autism Treatment Center

Pegasus Ball Auction Contribution

September 12, 2020

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 #: _____

THIS FORM MAY ALSO BE COMPLETED ONLINE AT
www.roundupforautism.org/auction-donation.html

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www.atcoftexas.org www.roundupforautism.org

Please make a copy for your records