



CONTRIBUTOR'S CONTRACT 2009

Business or Contributor's Name	Do you want acknowledgement on our Contributor List? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, how would you like to be listed?
Address	Tax Letter requested? <input type="checkbox"/> YES <input type="checkbox"/> NO
Phone Number	Email: Fax:
Description of Item	Value of Item
Suggestions/Stipulations/Restrictions	Contributor's Signature
Solicitor's Name and Phone Number	For Weekday Program Families Only: Student Name: Teacher:
<u>FOR AUCTION USE ONLY</u> <input type="checkbox"/> Item Received (Date: _____) <input type="checkbox"/> Item to be Delivered by Solicitor (Date: _____) <input type="checkbox"/> Gift Certificate created by PTC	<u>FOR AUCTION USE ONLY</u> Item Number: