



DONOR FORM

DONOR (COMPANY NAME) _____

CONTACT/TITLE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

DONATION DESCRIPTION (include quantity, size, color, dates, etc.) _____

DONATION VALUE _____ CONDITIONS/RESTRICTIONS _____

Please send marketing materials, as necessary

SIGNATURE OF DONOR _____ DATE _____

PLEASE SIGN AND FAX FORM TO _____

(Please make a copy for your records.)

SHIPPING INSTRUCTIONS:

SHIP/DELIVER TO: Song Detoc
SUMMER LOVIN' 2008
17 Alta Street
San Francisco, CA 94133
415-531-4424 (Leigh)
