

Chef Shafer's Depot Presents
The Annual Depot
HALLOWEEN BALL
Benefiting
Pediatric Therapy Network



Live and Silent Auction Donation Form

Donor (*Individual or Business*): _____
Contact Name, Title _____
Donor Street Address: _____ Solicited by _____
City/State/Zip: _____
Phone: _____ Fax: _____
Email: _____

Item description: _____

Restrictions (*dates, number of guests, season*): _____

Estimated value: _____

Item/Gift Certificate Enclosed Date Received _____
 I will mail or deliver my item/certificate to Pediatric Therapy Network.
 I will need to have my item picked up

I wish to support the event with a monetary donation.

Please find my check enclosed. Please charge my credit card.

Name on card: _____ Card type (*circle one*): MC VI DI AX

Credit Card Number: _____ Expiration date: _____

Donation Amount: \$ _____ Authorized signature: _____

Please mail or fax completed form by to:
Pediatric Therapy Network, Attention Halloween Ball ~ 1815 West. 213th Street, Suite 100, Torrance, CA 90501
For questions or to arrange item pickup, please contact the Development Office at 310.328.0276. Fax: 310.328.7058

*Pediatric Therapy Network is a nonprofit 501(c)(3) organization. Tax Payer ID# 330706273
Retain pink copy of form for your records. Thank you for your donation.*