CONTACT INFORMATION (Please print or type) Donor Name: Contact Name (If donor is a company): Address: City: Phone: Fax: E-mail: Website: DONATED ITEM (Please print or type) Name of Item Donated: Manufacturer: Model #: Cost or Value:	FOUNDATION	DONA	ON/RAFFLE ATION FORM form to mvpfoundation56@gmail.co
City:	Donor Name: Contact Name (If donor is a comp	oany):	
Name of Item Donated:	City: Phone:	State: Fax:	Zip Code:
(\$25 or higher)	Name of Item Donated:		Cost or Value:

*If your item contains multiple services or products please detail in description.

SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS

If you are donating a gift certificate for a service, please include the following information in the certificate or letter.

- Name of product or service
- · Description of what is included and what is excluded
- Name of person to contact for further information
- · Name, address and full contact information for you or your company
- · Instructions on how to redeem item
- · Include any additional information such as a photo or description brochure as appropriate
- Date of expiration

SHIPPING OPTIONS(Check one)

You would like the MVP Foundation to pick the item up.

Our company will ship the above item(s) to the MVP Foundation/ Silent Auction, 4111 Simon Road, Boardman, Ohio 44512 to arrive by August 5, 2023.