PHOENIX CHILDREN'S Hospital Foundation

Arizona Office of Pest Management

2010 Saguaro Continuing Education Conference & Expo

Gift Form

Date of Donation: _____

DONOR INFORMATION:

Company/Organization Name: _____

Corporate Contact: _____
(Name of person that should receive acknowledgement letter)

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Numbers:
Work: (___) _____ **Mobile:** (___) _____
e-mail: _____ **Fax:** (___) _____

GIFT INFORMATION:

Donation Value: $_____

❒ **Corporate Donation – general donation to Hospital**
❒ **Dunk Tank Activity**
❒ **Raffle**

☐**Cash** ☐ **Check (attach to form)**

☐**Credit Card #:** _____ **Exp. Date:** _____

Gift Description: _____

_____

_____

_____

_____

Thank you for your donation!

An acknowledgement letter will be mailed to you for your records.