

Remembering Sgt. Michael Washington

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Item number:

Procurement Form

Deadline: 7/20/08

Tax ID Number: **91-1674237**

Item donated:
Donor name as it should appear in catalog:
Contact name:
Estimated value of donation:

Donor's address:
City: State: Zip:
Contact phone:
Contact fax:
Contact email:

Description of donation:
(Include limitations or restrictions, if any. Catalog description will be based up on this information.)

Signature of donor:	Date:
Auction representative:	Phone:

<input type="checkbox"/>	Tangible item
<input type="checkbox"/>	Item enclosed
<input type="checkbox"/>	Contact regarding pick up
<input type="checkbox"/>	I will mail the item by _____
<input type="checkbox"/>	Gift certificate
<input type="checkbox"/>	Donor to provide certificate