

Ghost Ball



A benefit for **Elevations: A Children's Therapy Resource Foundation**

325 S. University Rd, Ste 202

Spokane Valley, WA 99206

(509) 385-2116

www.GhostBall.org www.ElevationsSpokane.org

Elevating children with special needs to reach their full potential

Charitable Non-Profit 501(c)3 45-4130330

Donor/Business Name			
Contact (First & Last Name)		Email Address	
Address			
City/State/Zip		Telephone	
DONATED ITEM (Please use a separate form for each item)			Value of Donation \$
DETAILED DESCRIPTION (Include size, color, brand, model number, any restrictions, days available, expiration date, location)			
<p>THIS ITEM IS A:</p> <input type="checkbox"/> Tangible Item (chair, car, clothing, etc) <input type="checkbox"/> Intangible Item (gift certificate, service, trip, etc)			
<input type="checkbox"/> Tangible item accompanies this form		<input type="checkbox"/> Business certificate attached	
<input type="checkbox"/> Item will be delivered _____ Label with Donor's Name		<input type="checkbox"/> Form completed at bottom (signature required)	
SIGNATURE OF DONOR	DATE	PROCURER'S NAME	PHONE

If the item is intangible and your own certificate is not attached, please complete certificate below.

Auction Gift Certificate	
The following was donated to the Ghost Ball:	
Item _____	
Any Restrictions - Available: <input type="checkbox"/> Anytime <input type="checkbox"/> Only on _____ <input type="checkbox"/> Other _____	
To obtain, Contact: _____ Phone _____	
OR: <input type="checkbox"/> Bring to Company <input type="checkbox"/> Other _____	
Certificate Expires: <input type="checkbox"/> One Year from Auction <input type="checkbox"/> Other _____	
Business / Donor Name: _____ Phone _____	
Address _____ City _____	
Email Address _____	
Authorized by (Name): _____ Title _____	
(Signature): _____	