

**VOLUNTEERS OF AMERICA WESTERN WASHINGTON'S
1ST ANNUAL HUNGER PREVENTION BENEFIT EVENT
"RECIPE FOR HOPE"
MAY 13th 2016**

Name of Donated Item: _____

Detailed Description of Item: _____

Fair Market Value/Retail Value: \$ _____

- I will deliver the item to VOAWW. I will mail you the item/gift certificate.
 VOAWW will need to pick up item. VOAWW will need to create a gift certificate.

Special Instructions/Restrictions: _____

Donor Name: _____
(Name of the person or business to be listed in the program and auction materials.)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Name if Different: _____ Phone: _____

Website: _____

PLEASE MAIL OR FAX TO:
Volunteers of America Western Washington
Attn: Mark Johnson
2802 Broadway, Everett, WA 98201 Fax: (425) 258-2838
For more information call Mark at (425) 609-2214 or e-mail mjohnson@voaww.org

Office Use Only

Location _____ **ITEM #** _____ **CAT #** _____

Entered in FR __init. Entered in Maestro __init.
 TY Letter Sent __init. Description Entered in Program__init.