



Alzheimer's Services
Reds, Whites, & Blues 2010
Families Helping Families / November 7, 2010
 Procurement Deadline: October 27, 2010

DONOR INFORMATION (please print)			
Name of Donor (as you would like it to appear in catalog)		Business Name (if applicable)	
Contact #1	Name		
Mailing Address 1		Mailing Address 2	
City	State	Zip	
Phone	Fax	Email	
Contact #2 (optional)	Name		
Mailing Address 1		Mailing Address 2	
City	State	Zip	
Phone	Fax	Email	

DONATION INFORMATION (please print)	
Detailed Description of Donation	Estimated Fair Market Value \$
Restrictions? If yes, provide details	

Please do NOT bundle my item with others

DONATION DETAILS (check all that apply)		
DELIVERY	CERTIFICATES & DISPLAY	MISCELLANEOUS
<input type="checkbox"/> I will deliver <input type="checkbox"/> Please contact me to arrange pickup	<input type="checkbox"/> I will provide gift certificate <input type="checkbox"/> Please create gift certificate AND <input type="checkbox"/> I have props to enhance display <input type="checkbox"/> Please find display props for me	<input type="checkbox"/> Cash donation enclosed <input type="checkbox"/> Please contact me regarding sponsorship opportunities <input type="checkbox"/> Employer's matching gift form enclosed

Deliver Donations & Props by Oct 27, 2010 to: 712 Main Street Hyannis, MA 02601	Please mail or fax this form to: Alzheimer's Services 712 Main St. Hyannis, MA 02601 Phone: (508) 775-5656 Fax: (508) 790-9333 Email: info@alzcapecod.org Website: www.alzcapecod.org
For Use By Procurement Committee	
Procured By _____ Phone _____	
Email _____	

Thank you for your support. Your donation may be tax deductible. Please consult your tax advisor.
IRC 501(c)(3) Organization / Federal Tax ID No: 22-2610246