



CATEGORY _____ ITEM # _____
 BUNDLE ITEM ENTERED _____

Please complete top part of form
 Form may be completed online at <http://www.501auctions.com/GahannaGala/itemdonor>
 or return paper form to address below

Name of Donor _____
 (Individual, Business, Other – exact wording needed for program)

Contact Name _____

Donor's Address _____
 (Street) (City) (State) (Zip Code)

Donor's Phone _____ Fax Number _____

Email address _____

Website _____

Office Update

TO ASSURE PROPER RECOGNITION WE MUST HAVE ITEMS BY MONDAY, FEBRUARY 13, 2017

Description of Item As it Will Appear in Program – Be Specific (Age, Material, Size, Style, etc.)

Value of Donation _____ Expiration Date (if applicable) _____

Comments (i.e. handling, display, redemption info, delivery or pick-information)

FOR OFFICE USE ONLY

Donation Received: [] Yes [] No

Gift Certificate: [] Donor Provided [] GJEF Generated

Donation to be: [] Picked up [] Delivered

Donor Contacted By _____ Date _____

MB _____
I _____

Gift Certificate Attached [] Yes [] No

Scheduled date of delivery or pick-up _____

The Gahanna Jefferson Education Foundation is an approved 501(c)3. Our ID# is 81-0576974

Please complete online or return to: Gahanna-Jefferson Education Foundation
 c/o Sharon Tomko
 160 S. Hamilton Road
 Gahanna, OH 43230
 (614) 416-0298



Gahanna-Jefferson Education
 FOUNDATION