

Children's Museum 5th Day Auction Item Donor Form

Tel: 315-724-6129 * Fax: 315-724-6120

Market your business while supporting our children!

Donor Name _____

Business _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-Mail Address _____

Donated Item Name _____

Description _____

Retail Value \$ _____

Item Received at Museum (Date) _____

Thank You & Tax Receipt sent (Date) _____

Circle preference: Pick up item Item enclosed I will deliver

Please respond by Monday, October 25, 2004. If we do not hear from you by this date, a Museum representative will call.

Thank you for your support of the children of our community!

www.museum4kids.net