

DONOR FORM



DOWN SYNDROME GUILD OF GREATER KC 16TH ANNUAL PRIVATE CELLAR WINE TASTING & AUCTION 2019

DONOR'S NAME (AS IT WILL APPEAR IN PROGRAM): _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____ CONTACT PERSON (IF OTHER THAN DONOR): _____

E-MAIL: _____

INFORMATION TO BE USED IN THE EVENT PROGRAM

IF YOU HAVE ANY QUESTIONS CONCERNING THIS FORM, PLEASE CONTACT:
TIFFANY WAY AT 913-620-4191 OR EMAIL TIFFANY@KCDSEG.ORG THANK YOU

NAME OF ITEM: _____

DESCRIPTION OF ITEM(S)/WINE (details, year, maker, origin, highlights, # of bottles produced, dates, quantity, etc): _____

RESTRICTIONS AND EXPIRATIONS: _____

FAIR MARKET VALUE : _____

PLEASE CHECK 1 OPTION BELOW TO INDICATE ITEM STATUS

- The Item is included with this Donor Form
- The Item will be delivered or mailed to the DSG office
- The Item must be picked up at (location/directions) _____

Signature of Donor: _____

Return Completed Form to:
Down Syndrome Guild of Greater Kansas City
5960 Dearborn Street, Suite 100, Mission, KS 66202; PHONE: (913) 384-4848

You will receive a letter of in-kind support as substantiation of donated in-kind goods for potential charitable deduction. Donors are responsible for their own fair market valuation of goods. Only donations of tangible goods are eligible for tax deductions.

DSG Use Only

Date Donation Received _____

Class _____

Code _____

Campaign _____

Date acknowledgement sent to donor _____