



BLIND EARLY SERVICES TN

BEST FEST 2021 DONATION FORM

(Please type or use blue or black pen)

Committee Member	NAME:	PHONE:
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Donor Information:

BUSINESS/DONOR NAME – FOR CATALOG: (As it should appear in catalog)

DONOR CONTACT NAME:

DONOR ADDRESS:

PHONE

CITY:

STATE:

ZIP:

EMAIL (This is how we will send you your receipt. Please Print Clearly)

Item Information:

ITEM:

ESTIMATED DOLLAR VALUE:

ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND ALL RESTRICTIONS:

MARK APPROPRIATE BOX:

- Delivery of item by Donor Donor provides Certificate
 Item needs to be picked up Committee to create Certificate
 Promotional material provided by Donor

SIGNATURE

DATE:

For office use only:

TRACKING NUMBER:

NOTES:

PLEASE RETURN YOUR DONATION FORM BY OCTOBER 15, 2021



Fed Tax ID#: 85-3579692

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