



Designer Donation Form

Donated Item: _____

Donor Contact: _____

Donor Company: _____

Name: (AS IT WOULD APPEAR IN THE PROGRAM) _____

Donor Street Address: _____

Phone: _____ Fax: _____

Email: _____

Sponsorship Level: (check one) \$2,500 _____ \$1,000 _____ \$500 _____

Donation Description: (as detailed as possible) _____

Donor's Estimate: Donation Fair Market Value \$: _____

Sales Representative: _____

****if possible, please attach a low-resolution photo of your fabric swatch and/or item for our records****

***All Designer items must be delivered to Mitchells by September 27, 2017, between the hours of 11-5 pm. Please make sure all of the items are marked "Pink Aid Donation"**

DROP-OFF LOCATION:
Mitchells of Huntington
270 Main Street
Huntington, NY 11743
Attn: Pink Aid Donation

Donor's Signature: _____ Date: _____

For any questions regarding delivery/drop-off, contact Ali Mitchell at AliM@PinkAid.org

*This form must be completely filled out and submitted to Stephanie Yalamas at syalamas@candg.com