



dedicated to finding a cure

Donation Form

Federal Tax ID #23-1907729

Event: Dream Gala "Fore the Kids" Golf Classic Walk to Cure Diabetes Other _____

Name _____ Company _____

Address _____ City, State, Zip _____

Contact Person _____ Title _____

Phone _____ Fax _____ E-Mail _____

Description of Donated Item(s) *Please be as specific and detailed as possible.* _____

Restrictions *Please include expiration and/or blackout dates, deadlines, advance notices, etc.* _____

Expiration Date _____ Donor's Estimated Value \$ _____

Please include the estimated value of each item.

- Special Display
- Item/Donation is included with this form.
- The item will be delivered to JDRF on _____.
- Please have a JDRF volunteer pick-up the item on _____. Pick-up Contact _____
- Gift Certificate required

Address _____ City _____ Phone _____

Please list me in the program as follows _____

Signature of Donor _____ Date _____

Please return this form to:
Juvenile Diabetes Research Foundation – Orange County Chapter
17992 Mitchell South, Suite 100 • Irvine, CA 92614

(949) 553-0363 • FAX (949) 553-8813 • E-MAIL orangecounty@jdrf.org • www.jdrfoc.org

For Office Use
 JDRF Volunteer Contact _____ Phone _____
 Item Rec'd AT Entry TY Sent Item # _____ Final Package # _____

White Copy: JDRF Office Yellow Copy: JDRF Volunteer Pink Copy: Donor