



Fresh Bite
BEACH NITE
SUPPORTING MASON COUNTY 4-H
AUGUST 27, 2009

Auction Donation

Individual or Company Name (as it should appear in the program):

Contact Person: _____

Address (street, city, zip): _____

Phone and fax number: _____

Email address: _____

Donation Information:

Description of Donation (instructions, restrictions, expiration dates, etc.):

Value \$ _____

- Gift certificate needs to be made.
- Gift enclosed.
- Gift will be dropped off:
- Gift needs to be picked up at:

For more information contact: Nancy Moran 360.490.5975 nmoran@firstam.com