

Palisades Jewish Early Childhood Center 2017 Silent Auction & Raffle Donation Form Sunday, April 30, 2017

Company / Donor Nat	me:					
Contact Name:						
Mailing Address:						
City:	State:		Zip:			
Phone Number:	Email:	Email:				
Company Website:						
Please check	if you prefer your dona	ation to be ano	nymous			
PJECC Family:						
Phone Number:	Email:	Email:				
Child(ren)'s Name(s):						
Child(ren)'s Teacher(s):					
Donation Item Inform * Donations will be catego	mation: orized at the sole discretion	n of the auction c	ommittee – sil	ent auction, raffle	and/or as a prize.	
Type of item to be do	nated: Gift Cert./Ca	ard Ti	ckets	Services	Merchandise	
	ould like to make a don ble to "PJECC" and reference					
Item Attached?	mem Attached? Yes No or Date to be Delivered:					
	ption: (Please be specifi	-		e, color, size, et	c.)	
	ns/Special Instructions:			• •	e, first time	
Donation Value: (If p	riceless, please list your	starting/recor	nmended bio	l amount) \$		
Please check	if you need us to make	a gift certifica	te for your d	lonation		
	this form and your it ES JEWISH EARLY C 17315 Sunset Bl	HILDHOOD	CENTER, A	ttn: Auction Co		
Questions?	laurarose2@gmail. cestantoinette@gm rosawachs@gmail.	ail.com	310-7	22-5264 76-0603 00-8050		
	THANK YO s Jewish Early Childhood D number is 77-0600595. Please make a cop	. For more info	-profit organiz rmation, pleas	zation under 501 se visit www.pjec		