

**Children's Hospital Oakland
Rowan Branch 2011 Donor Form
www.rowanbranch.org**

Donor Name (as it should appear in event publicity and brochure):

Address:

email:

Website:

Contact Person:

Phone:

Donation Status:

- Certificate is attached
 Please create a certificate for my item
 Item accompanies form
 Please call me to arrange for donation pick-up

Donor's Signature _____

Please enclose brochures, flyers, photographs, logos, menus, business card or other promotional materials that would help us promote your business and your donation. Thank you!

Description of Item or Service (include any restrictions):

Donor Estimate of Value:

Expiration Date:

12/31/2012 (update if needed)

**PLEASE MAIL OR EMAIL FORM TO:
Rowan Branch – Children's Hospital Oakland
c/o 1138 Canyon Hills Road, San Ramon, CA 94582
email: christine_f_white@yahoo.com**

Thank you for your support of Children's Hospital and Research Center Oakland.
Children's Hospital Branches, Inc. is a 501 (c) (3) non-profit charitable organization with
tax ID # 94-2227650. Donations are fully tax deductible to the extent allowed by law.

Questions? Please call the Auction Committee:
Christine White (925) 683-9335 or Leslye Thorpe (925) 984-6507