



## ITEM DONOR FORM

2022 Spree

### Donor Name:

Please print your company and/or individual name/s as you want it to appear in related advertising:

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Donation

Description of donation (Please include any restrictions/expiration date):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_ Estimated value of item(s)

\_\_\_\_\_ Certificate is attached

\_\_\_\_\_ Please create a certificate for my item

\_\_\_\_\_ Item accompanies form

\_\_\_\_\_ Please call me to arrange for donation pick-up at \_\_\_\_\_

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

### Website Recognition:

Please submit logo artwork as soon as possible. Electronic formats are preferred (for example .pdf, .eps, .jpg)

Please submit artwork to: [contact@rowanbranch.org](mailto:contact@rowanbranch.org)

\_\_\_ I/we prefer that our donation remain anonymous

**Please Note:** If it becomes necessary to cancel our live event, we plan on a virtual Spree during which auction items will go up for bid for several days. Whether we are live or virtual, your logo and/or name will appear on our website, social media outreach and on the virtual invitation (unless your donation is not confirmed by the deadline).

If our Spree becomes virtual, please select one:

\_\_\_ Include my donation in the virtual Spree

\_\_\_ Return my donation

Please mail or email this form to:

**Rowan Branch, Children's Hospital Branches, Inc.**

**c/o Leonela Castillo, R.N.**

**1481 Pine Tree Dr., Alamo, CA 94507**

Email: [leonela@rowanbranch.org](mailto:leonela@rowanbranch.org)

Phone: (510) 334-6093