

Donation Form

Name (Business or Individual):	
Address:	City:
State/Zip:	Phone:
Email:	
the McKenzie Growing Minds Sile	erchandise, services, gift card or gift certificate to ent Auction. The following describes my donation on dates, conditions &/or black out dates):
	to the McKenzie Growing Minds Benefit to be ost of the event in the following amount:
☐ Pick up my donation at address☐ I will provide a Gift Certificate	V: □ Donor will deliver item (date:) □ Donor wishes to remain anonymous e call me:
Kimberly Alcantara – 1	nerosity, please return this form by December 18, 2009 626 Spencer Ave., Wilmette, IL 60091

Please make all checks payable to McKenzie PTA.

Our goal is to fund educational field trips and in-school enrichment programming.

Your KINDNESS and generosity is deeply appreciated!!! Tax ID#E9989-1281-05