



ITEM NUMBER: _____

DONOR FORM

HPC 11th Annual Banquet – April 28th, 2016

Contact Debra at 714-897-7500 or email info@horizonpc.org with questions.

All areas must be completed.

ITEM INFORMATION

ITEM: _____

MARKET VALUE *(Please do not list priceless)* _____

DETAILED DESCRIPTION *(Please be specific: brand, design, model, size etc.)*

RESTRICTIONS

EXPIRATION DATE *(if any)*

DONOR INFORMATION

All areas must be completed

DONOR *(company/individual)*: _____

CONTACT _____

PHONE : _____ FAX _____

E-MAIL ADDRESS _____

ADDRESS : _____

SOLICITOR OF THIS ITEM _____

DELIVERY INFORMATION

Please check box:

- I will take the item to Horizon Pregnancy Clinic
Attn: Debra @ 15061 Springdale St. Suite #109, Huntington Beach, CA 92649.
Please deliver item before May 2nd in order to be listed in our banquet program.
- Horizon Pregnancy Clinic to arrange pick-up of item before April 15th, 2016 in order to be listed in our banquet program.