



Sharing our Hearts
LUNCHEON

A Benefit for
Children's Healthcare in
Sonoma County

SONOMA COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION

...building healthy communities

Post Office Box 1388
Santa Rosa, CA 95402

Tax ID # 02-0542304
Website: www.scmma.org
Email: alliance@scmaa.org

Donation Form

Event Date: February 3, 2009 Donation Deadline: January 23, 2009

DONOR NAME: (AS YOU WOULD LIKE TO BE LISTED)

DONOR STATED VALUE:

\$

CONTACT NAME:

DAY PHONE:

E-MAIL ADDRESS:

ADDRESS:

CITY

ST

ZIP

ITEM INFORMATION: Please describe your gift item. (Specify color, size, material, time availability, valid for how many people and any other pertinent information.)

Restrictions (expiration date):

AUCTION ITEM DELIVERY:

___ Item or gift certificate accompanies this form. ___ Item needs to be picked up. Date available for pickup: _____

DISPLAY MATERIALS:

___ Enclose brochures for event display.

SEND TO: Victoria Soto, 2001 Park Vista Court, Santa Rosa, CA 95405 PHONE: (707)538-7760 FAX: (707)537-9792

SIGNATURE OF DONOR:

(DONOR COPY YELLOW)

DATE: