



Sixteen Candles

Donor's Name: _____

Contact's Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Description of Item(s) Donated: _____

Value: _____

How/when should we pick up the item: _____

How you wish your name listed in promotional materials & catalog:

Donor's Signature: _____ Date: _____

Donation Solicited by: _____

Please return completed forms and items to Anne DiPaola, 504-913-6400, annedipaola@hotmail.com.

If you have them delivered or mailed, send to: Child Development Program

Attn: Anne DiPaola, 4505 S. Claiborne Avenue, New Orleans, LA 70125

Please return forms by November 8, 2016 to ensure inclusion in the Catalog and promotional materials. Contact Anne

DiPaola to coordinate delivery of item(s) or with any questions.

***** **Cut and keep for your records*******

Child Development Program 16 Candles Auction: November 18, 2016

My Donation _____ **Value** _____

Tax ID#20-5779213 . Thank you for your donation!