



Connecting families to a healthy future



An Evening of COMPASSION 2017 GALA Donation Form

Keogh Representative	NAME.	PHONE.
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Donor Information

BUSINESS/DONOR NAME (As it should appear in Program)			
CONTACT NAME.	DONOR ADDRESS.		
CONTACT PHONE.	CITY	STATE	ZIP
CONTACT EMAIL. <i>(This is how we will send you your receipt. Please Print Clearly)</i>			

Item Information

ITEM	ESTIMATED DOLLAR VALUE
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> . (PLEASE NOTE: DONOR <u>MUST</u> PROVIDE ANY LOGOS &/OR IMAGES TO BE USED IN PROGRAM, SIGNAGE & ON KEOGH'S WEBSITE. PLEASE RETURN ALL IMAGES WITH THIS FORM).	
PLEASE MARK APPROPRIATE BOX <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Item(s) to be picked up by Keogh Representative </div> <div style="width: 30%;"> <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Keogh Representative to create Certificate <input type="checkbox"/> Promotional material provided by Donor </div> <div style="width: 30%;"> <input type="checkbox"/> High-Resolution LOGO provided <input type="checkbox"/> High Resolution images of item(S) provided </div> </div>	

SIGNATURE OF DONOR	DATE
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PLEASE EMAIL YOUR COMPLETED DONATION FORM & ALL PROMOTIONAL MATERIALS & IMAGES TO Giving@KeoghHealth.org BY OCTOBER 16, 2017