



PACE GOLF CLASSIC

April 26, 2010

Donation Form

Donor Information

Date Submitted: _____

Company (as you would like it to appear): _____

Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PACE Contact: _____

Item Description (Please write a brief description of the donated item): _____

Brochure/Company Materials for display included: YES NO

Restrictions: _____

Expiration date: _____

Fair market value: \$ _____

Delivery Method:

- Delivery by donor before April 16, 2010
- Arrange for pick-up by PACE
- Item or gift certificate enclosed
- PACE to print gift certificate

PACE
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Santa Clara, CA 95050

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EMAIL:
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www.pacificautism.org
PACE Tax ID #: 77-0259858
Phone: 408.245.3400

Signature X _____

By signing this form I commit to this sponsorship.