Frisco Family Services 2018 Mayor's Golf Classic

Monday, June 18, 2018

PRIZE DONOR AUTHORIZATION FORM



*Please <u>PRINI</u> and use one form for each item donated.			MEDICAL CENTER FRISCO Juice concerning with physicians	
Company Name (Please provid	le name as you wish it to appear in p	publications.)		
Contact First Name	Contact Last Name	Title		
Address	City	State	Zip	
Phone Number Fax Number		Type of B	Type of Business	
Email Address				
	☐ I would like to remain a	anonymous for this donation.		
	DONATION	DESCRIPTION		
Please provide a detaile	ed description of the dona	ated item:		
Fair Market Value: \$				
Requir Stipulations:	ed			
Special Conditions, Restrictions,	Expiration Date, Available Dates (Ple	ease note the date of the event is Jun	e 18, 2018.)	
Delivery Instructions:				
☐ Item Attached ☐ Will Deliver On: ☐ Other:				
☐ Please create a certific	ate for this donation			
all rights, title and interest in the prope		ces as a charitable contribution, and Frisco a Texas non-profit charitable organization v.		
Donor Authorizing Donation		raising Committee Member		

Please Email, Mail or Fax form to:
P.O. Box 1387
Frisco, TX 75034
Phone 972-335-9495 I Fax 972-335-9487
events@friscofamilyservices.org