



## *Supporting Local Individuals Fighting Breast Cancer!*

### DONATION REQUEST FORM

#### Donor Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address 2: \_\_\_\_\_ Business Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Facilitator Information

Representative responsible for Soliciting this donation: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Item Details

Please describe the donation item in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Conditions (if any): \_\_\_\_\_

Dollar Value of Donation: \_\_\_\_\_ Expiration Date(if any): \_\_\_\_\_

☐ Item Enclosed ☐ Gift Certificate Enclosed Minimum Bid (if applicable): \_\_\_\_\_

☐ Item to be delivered (date/time) \_\_\_\_\_ By (Name and Phone): \_\_\_\_\_

☐ Special arrangements need to be made with (name and phone): \_\_\_\_\_

Donor Signature: \_\_\_\_\_

#### Event Information

Donate online at [www.thepinkride.org](http://www.thepinkride.org) or Mail to:  
The Pink Ride, Inc.  
PO Box 10368 Virginia Beach, VA 23450  
Tax ID#: 80-0693021 a 501(c)(3) Charitable Organization

#### Auction Staff Use

Date Rec'd: \_\_\_\_\_

Tracking #: \_\_\_\_\_

Please email completed form to [buddy@pinkride.org](mailto:buddy@pinkride.org)

**DONATION MUST BE RECEIVED IN FULL 2 WEEKS BEFORE EVENT**

**pinkride.org**