



# “Athletes and Aces” Casino Night Donation Receipt

500 S. Main Street  
Suite 1100  
Orange, CA 92868  
Ph: 714-543-4333  
Fax: 714-543-4398

Thank you for your generous donation!

Please fill out this form as completely as possible, as this information will be used in printed materials. Information will be used to give exposure to your donation and bring in the highest possible bid.

**DONATION ITEMS:** \_\_\_\_\_

**COMPLETE DESCRIPTION OF DONATION** (Include any information to promote your donation. Please supply any information regarding color, size, rarity, interesting facts, types of service, etc.):

\_\_\_\_\_

**RESTRICTIONS** (Number of persons, time of year, excluded dates, expiration dates, etc.):

\_\_\_\_\_

\_\_\_\_\_

**VALUE OF ITEM** (Note: value established by donor): \_\_\_\_\_

### MERCHANDISE

- Delivered to the Child Abuse Prevention Center
- Will be mailed/shipped to the Child Abuse Prevention Center by: \_\_\_\_\_

### GIFT CERTIFICATES

- Prepared by donor (Note: Please enclose certificate with this form.)
- Will be prepared by the Child Abuse Prevention Center

**DONATED BY** (as it will appear in print): \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **TITLE:(Optional):** \_\_\_\_\_

**ADDRESS, CITY, ZIP:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CAPC CONTACT:** \_\_\_\_\_

**DONOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please keep a copy of this form for your records.