



Internal only			
Item Number:			
Solicited by:			
Event: CW FL Other			
Date Received:			
Entered into Hub:			
Acknowledged:			

	Agreement		goui	
Donor or Company Name: (as it should appear in public Contact: Address: Zip: Donor Signature:	City: Email Address:		*	
Donated Item(s) Details  Monetary				
Detailed Description (Please include size, color, quantity, restrictions including dates available or expiration, etc:			Donation I/we will donate: \$:	
			Please make all checks payable to CAPC, Inc.	
			Credit cards are accepted securely online for most events;	
Total Value:			please visit www.capcinc.org or call at 562.693.8826	
ITEM:  Item is attached	GIFT CERTIFICATE: Gift certificate is attached		VISUAL DISPLAY:  None needed  Provided by donor	
Item will be delivered	Gift certificate to be provided			
ltem needs to be picked up	Gift certificate needs to be created	Committee needs to create		
ITEM TRACKING INFORMATION				
Internal only			Item Classification:	
		Si	lent Dpportunity Drawing	
Item Location:		Li	ve Other:	
Notes:				