

SYMPHONY TACOMA/GALA COMMITTEE MEMBER

Name: _____

Phone: _____ Email: _____

DONOR INFORMATION

Donor Name:	Name for Recognition (if different):	Contact Person:
Phone:	Email:	
Address:		City, State, ZIP

DONATION INFORMATION

Item:	Estimated Retail Value:
Item Description: (Please include quantity, size, # of persons, days/nights, exp., as necessary)	
Item Restriction(s):	

- Donor will deliver item to Symphony Tacoma Item must be picked up; available after _____
 Donor will provide certificate Symphony Tacoma will make certificate

DONOR WEBSITE

Website(s):

- I understand that if my item is not purchased by an auction attendee, Symphony Tacoma may offer the piece for purchase at another time or use the item for cultivation purposes.

Signature:	Date:
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