

# 2021 IGNITE TONIGHT GALA

## IGNITE YOUR STORY

Complete a form for each item donated and return to Jane Jepson-Beal with the item(s).

### Donor Information (PLEASE PRINT)

Please provide all information, to ensure the donor receives a thank you!

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Value of Item: \$ \_\_\_\_\_



### Description of Donation please be sure to list any exceptions:

Category this item best fits in, circle one:

- Dining    Fitness & Beauty    Sports & Entertainment    Adventure & Experience    Home