

MCAVHN

Mendocino County AIDS/Viral Hepatitis Network 31st Annual Event of the Heart "Starry Night" Saturday, February 10, 2018

Donor Information:

Business Name: _____

Address: _____

Contact Name: _____ Phone #: _____

Email: _____ Fax #: _____

Would you like to receive our newsletter via: Snail mail _____ E-mail _____

____ Cash Sponsor - Sponsorship Dollar Amount: \$ _____ Level: _____

See back for details on cash sponsorship levels; note that all amounts are greatly appreciated.

Please make checks payable to MCAVN and E-mail logos to MCAVHN@yahoo.com.

Deadline to be added to the poster is January 1, 2018.

____ Auction Donor: for auction items min bid will default to half the item's value if not provided.

Name of Item: _____ Value: _____ Min Bid: _____

Description of Item: _____

Name of Item: _____ Value: _____ Min Bid: _____

Description of Item: _____

Name of Item: _____ Value: _____ Min Bid: _____

Description of Item: _____

Please check the following that apply:

Donor will mail or deliver item _____ Solicitor will pick up and deliver item _____

MCAVHN will make gift certificate _____

Deadline to be added to the Event Program is February 8, 2018

Additional Notes: _____

Tax ID: 68-0159027

P. O. Box 1350, Ukiah, CA 95482

Phone (707) 462-1932 * Fax: (707) 462-2070 * e-mail MCAVHN@yahoo.com