



23rd Annual Holiday Toy Event 1009 N. Avalon Wilmington CA, 90744

HOLIDAY TOY EVENT DONATION FORM

☐ YES! I will make a donation to the 2020 Annual Holiday Toy Event!

COMPANY/DONOR NAME

(as you want to be listed): _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

ITEM DESCRIPTION: _____

PAYMENT:

☐ CHECK ☐ MASTERCARD ☐ VISA ☐ AMERICAN EXPRESS ☐ DISCOVER CARD

CREDIT CARD # _____ EXPIRATION DATE _____ SEC. CODE _____

APPROXIMATE VALUE OF DONATION: \$ _____ (VALUE REQUIRED to determine minimum bid)

PLEASE CHECK ONE: ☐ Donation enclosed ☐ Donation to be picked up
☐ Donation to be delivered ☐ Please create a certificate

☐ I am unable to participate as a sponsor, but would like to support the Clinic's work.

Please accept my 100% tax-deductible contribution of \$ _____

PLEASE MAIL TO:

Wilmington Community Clinic
Holiday Toy Event
1009 N. Avalon Blvd.
Wilmington, CA 90744

You may also email this form to: wramirez@wilmingtoncc.org.

If you have any questions please contact Wendy Ramirez, Health Educator, at 310-549-5760 ext. 189.

All donations are tax-deductible. Tax ID# 95-3137803
www.wilmingtoncc.org