



WI FACETS
WISCONSIN FAMILY ASSISTANCE CENTER
FOR EDUCATION, TRAINING & SUPPORT

WI FACETS Donation Contribution Form
“Casino Night” Fundraiser
Event Date: October 21, 2016

Donor responses appreciated by September 30, 2016

AUCTION DONATION

All donors will be acknowledged on our website and in print recognition at the event.

Item Description:

1) _____ **Value \$** _____

2) _____ **Value \$** _____

3) _____ **Value \$** _____

Donation will be delivered/sent to WI FACETS by this date: _____
 Donation will be available for pick up. Please contact me to make arrangements.

DONOR INFORMATION

Business or Individual Name (as you wish to be recognized in event promotion):

Business Contact Name _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

All Donors will receive written acknowledgment of their donation.
If received by **September 30, 2016** donor will be included in event program.

Check here if you wish your donation to be anonymous/not included in donor list.

WI FACETS is a 501(c)(3) nonprofit organization – tax exempt # 040178

MAILTO:

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WI FACETS

Wisconsin Family Assistance Center
for Education, Training & Support

www.wifacets.org