

Friends School of Minnesota Wintergala 2008
DONATION DESCRIPTION FORM

DONOR'S INFO:

First Name	Last Name	Company Name (if applicable)	
Address		()	Phone Number
		City, State, Zip	

Please check all that apply to the donor:

FSM Parent FSM Grandparent/Other Relative FSM Faculty/Staff Friend of FSM Parent/Staff Member Other: _____

If you are not the donor, please provide your name and phone number, and note your relationship to the donor: _____

DONATION INFO:

Name of Item	Estimated \$ Value
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Please check the appropriate box:

Needs to be picked up by _____ (date) Donor will mail to school by _____ (date) Solicitor will deliver to school by _____ (date)

Please provide a brief description of the donated item, and note any restrictions or other important information:

Please return this form to: Friends School of Minnesota Wintergala Committee, 1365 Englewood Ave., St. Paul, MN 55104