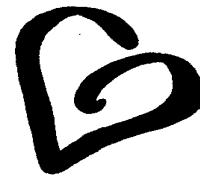




Hearts with Hope Gala Auction Donation Form



Donor Name (as to be recognized) _____
 Contact Name _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____ E-mail _____

Item description (Please be detailed):

Restrictions or limitations:

Estimated retail value \$_____ Item to be dropped off Item to be mailed Item enclosed

I'd like to make a tax-deductible cash contribution, enclosed is: \$25 \$50 \$100 \$_____

Please charge my Visa MasterCard American Express

Card # _____ Exp. _____ Signature: _____

ITEM SOLICITED BY: _____

Partnership Against Domestic Violence is a 501 (c) (3) organization FEI: 58-131-4554

Partnership Against Domestic Violence (PADV)

114 New Street, Suite L, Decatur, GA 30030.

Phone: (404) 870-9600 • Fax: (404) 870-9611 • Email: alexa@padv.org

Solicitor Name: _____ Date Received : _____

Item #: _____