



**BELLEVUE'S 24-HOUR RELAY CHALLENGE
DONATION FORM**

In Support of the 10th Annual Relay—June 21 & 22, 2008

City of Bellevue Tax I.D. 91-6007020

Donor Name (for program listing) _____

Donor Contact Person _____

Phone _____ FAX _____ E-Mail _____

Donor Address _____ ZIP _____

___ REPRESENTATIVE(S) WILL VISIT THE EVENT

Description of Donation: _____ _____ _____ _____ _____ _____ Fair Market Value of Donation: \$ _____ Signature of Donor or Responsible Party: _____ (Print Name) _____ THANK YOU FOR YOUR GENEROSITY!
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Please Check Correct Status: ___ Donor will deliver item Date _____ To Location _____ ___ Item needs to be picked up Date of pick-up _____ Pick up by _____ ___ Donation is a Gift Certificate(s) ___ Attached ___ To be picked ___ To be created by Relay <i>Gift Certificate restrictions and effective dates (if any) must be listed on the certificate by donor.</i>
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___ PLEASE CONTACT ME TO DISCUSS SUPPORTING THE RELAY AS AN ASSOCIATE, MAJOR OR TITLE SPONSOR. (See Sponsorship Information sheet.)

BELLEVUE'S 24-HOUR RELAY CHALLENGE
Teen Services, Parks & Community Services
City of Bellevue
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Bellevue, WA 980099-9012

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