

Friday, April 7, 2017 – 6 PM – Pzazz! Conference Center, Burlington, IA Contribution & Participation Form

Donor/Business Name:	
Contact Name:	
Donor Address:	
Donor City/State/Zip:	
Donor Phone:	_ Donor Email:
DESCRIPTION(S) OF DONATED ITEMS	VALUE(S) OF DONATED ITEM(S)
(For Gift Certificates , please try to se	ecure expiration dates for October 1 or beyond.)
lote: A \$500 Sponsor Table includes a reserved table	htribution of \$ &/orbe a \$500 Table Sponsor. e for 8 located near the auction stage, hors d'oeuvre platter, the option to promote your business/cause at your table.
I WISH TO VOLUNTEE	R IN THE FOLLOWING WAY(S):
	yHelp tear down Friday night
Take tickets Spot Bids	Be a "Vanna/Vanno"Be an Auction Runner
Pick up & Post Silent Auction Bids/Sheets	Work the Check-Out RoomOther:
FOR SCCF TO OBTA	AIN THE AUCTION ITEM(S):
	CC prior to event, ORSCCF staff member must pick up
	&/OR SCCF must create a gift certificate.
Solicitor/Donor Name:	
Solicitor/Donor Address:	
Solicitor/Donor Phone Number:	Email:
Solicitor/Donor Signature:	
	pe included in the Foundation's annual report in SCC's VISION newsletter.

Please return completed form to: SCC Foundation, 1500 W. Agency Rd., West Burlington, IA 52655 or to foundation@scciowa.edu
Attn: Becky Rump ph. 319-208-5065 email: brump@scciowa.edu http://www.scciowa.edu/foundation/fundraising.aspx