

# Evening of Wishes Dinner

NOVEMBER 17, 2018 • OMNI PROVIDENCE HOTEL

## THANK YOU FOR YOUR SUPPORT!

Thank you for joining Make-A-Wish® Massachusetts and Rhode Island as an in-kind donor for the Evening of Wishes Dinner in Rhode Island on November 17, 2018. Please be as specific as possible in completing this form, as this information will be used to develop the description of your donated item in the program book, to acknowledge your contribution and to serve as tax-deductible information.

### DONATED ITEM:

**ESTIMATED RETAIL VALUE:** \$

### DONOR INFORMATION:

Name: \_\_\_\_\_ Company Name (if applicable): \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**DONOR RECOGNITION:** Please specify exactly how the donor should be recognized in program materials (*e.g., Donated by the XYZ Company; Donated by Mr. and Mrs. Jack Smith; Donated by Jane and Jack Smith*).

**ITEM DESCRIPTION:** Please provide additional information about the donated item including an overview and details, such as color, size, model, features, etc.

**RESTRICTIONS & EXPIRATION INFORMATION:** Please note if there are any restrictions and/or expiration date that apply for your in-kind donation (*e.g., Valid through January 1, 2019; Valid only on weekdays*).

Restrictions:

Expiration Date:

**ITEM DELIVERY:** Please coordinate delivery of the donated item and supporting collateral.

Attached/Enclosed: \_\_\_\_\_ (Staff use only) In Safe:  
To be delivered/Date of delivery:  
Can be secured by contacting:

**DONOR SIGNATURE:**

**DATE:**

**All in-kind donations are tax deductible to the extent permitted by the law.**

Please return this completed form via email, fax, or mail to: Sara Masri, Regional Director, Make-A-Wish® Massachusetts and Rhode Island | 20 Hemingway Drive, East Providence, RI 02915 | fax 401.781.9475 | smasri@massri.wish.org