



275 Lake Avenue, Rochester, NY 14608 • (585) 935-7800 • Fax (585) 935-7804 • www.BivonaCAC.org

**Donation Form For "Open That Bottle Night 2010"**

Solicitor: \_\_\_\_\_

Date: \_\_\_\_\_

**Donation of Item(s):** Describe item(s) as you would like it (them) to appear in the program book.

1. Description:

\_\_\_\_\_  
\_\_\_\_\_

Quantity: \_\_\_\_\_ Size: \_\_\_\_\_ Color: \_\_\_\_\_ Value: \_\_\_\_\_ Minimum Bid: \_\_\_\_\_

( ) I will deliver my donation on \_\_\_\_\_ ( ) Item already picked up by solicitor \_\_\_\_\_  
(Date) (Date)

( ) Item to be picked up on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Name)

**Gift Certificates:**

Number of Certificates: \_\_\_\_\_ Value (each): \_\_\_\_\_ Total Value: \_\_\_\_\_

Special Dates/Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Cash Donation:**

( ) I do not have an item to donate, but please accept my cash donation of \$\_\_\_\_\_. (Please make checks payable to BCAC.)

**Donor Information:**

Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address:

\_\_\_\_\_  
(Street) (City) (State) (Zip)

E-mail Address: \_\_\_\_\_

**Thank you for your generous donation!**

(Office Use Only): Received by (initials) \_\_\_\_\_ CMS\_\_\_ Item list\_\_\_ BK\_\_\_ AS\_\_\_ QB\_\_\_ TYL\_\_\_

Donation: Single item\_\_\_ Multiple Items\_\_\_

Bivona Child Advocacy Center (BCAC) is a 501 (c)(3) tax exempt charity and publicly supported organization as defined in sections 509(a)(1) and 170(b)(1)(vi) of the Internal Revenue Service Code. All donations are tax deductible to the extent allowed by law. Participants and sponsors are advised to contact their accountant with specific questions.