



**THE DUCK POND STORE  
DONATION FORM  
2017**

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

Donor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Category:         Restaurant     Vacations     Cash & Carry

Display Item:     Included         Will send     Not needed

Gift Certificate:  Included         Create/LOL     Expiration Date

Please describe donation in detail:  
Note any special fees or restrictions on this donation

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

Fair Market Value\$: \_\_\_\_\_

LOL Member Name: \_\_\_\_\_