

## Donation Form/Gift-In-Kind Contribution

Contributor's Name:			Date:		
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Contributor's Signature:_					
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Company Name:					
(Please list your name/company	as you would like to be recognized) or	I wish to rem	nin Anonymous		
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Address:					
City:	State:		Zip:		
Contact Phone:		Email:			
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	Please print clearly and submit form and donation before April 28, 2023				
W	*Mail to 1105 S. Euclid Ave, Ste D-349 Fullerton, CA 92832 or LOF representative will contact you to make arrangement for pick up				
	or LOF representative will cont	act you to mak	e arrangement for pick up		
Donation Title (please sp	ecific):				
Retail/Fair Market Value:	\$				
Donation description: (ie	Quantity, Theme-color; Size; Res	trictions, Expi	ration dates; Location info)		
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Please check one:	Donation attached/enclo	sed	Gift Certificate attached/enclosed		
	Make arrangements for p	oick up on dat	e/		
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## THANK YOU FOR YOUR SUPPORT

Would you like to register as a golfer or purchase a "banquet only" to this event? Please call at (714) 687-5520 or email Dorothy Owens-Whitehurst at dorothy@leonowensfoundation.org

> Leon Owens Foundation is a 501 (c) 3 non profit organization, Tax ID # 33-0634287. A official acknowledgement for your donation will be mailed to you.