Donor Form

Falcons Hockey Association
c/o Suzanne Valentine
1522 Sherwood Road
Highland Park, IL 60035
fallsocial@falconshockey.org
www.falconshockey.org

DATE:_____

DONATION CONTRACT

The undersigned donor agrees to give_____
as a donation for the Falcons Hockey Association benefit.

DONATION CONTRACT

(size, color, material, services offered, dates available, etc.)

_____ _____
Wholesale Value

_____ _____
Retail Value

_____ _____
Expiration Date (if any)

Gift Certificate: ☐ Has been enclosed ☐ FHA will create

_____ _____
Name of Donor Donor's Signature

_____ _____
Name of Company Business Phone

_____ _____
Address Home Phone

_____
City State Zip

Additional Comments: _____
_____

We are grateful for your support of the Falcons Hockey Association. If you have any questions, **please contact Suzanne Valentine at 847-778-1019 or fallsocial@falconshockey.org**

Solicited by FHA Volunteer: _____
Name Date