

A TASTE OF FALL  
WITH FACETS  
GARNIVAL OF  
CULTURES

November 5, 2016

Stacy C. Sherwood Community Center  
3740 Old Lee Hwy, Fairfax, VA 22030

Yes! I would like to donate to the 17<sup>th</sup> Annual Taste of Fall with FACETS!

### Item Information

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Item Description \_\_\_\_\_

*If donating a basket, please attach a list of items included on the outside of the basket. Also wrap the basket in cellophane paper and attach a ribbon on the basket. This increases the visual quality of your donation.*

Retail Value \$ \_\_\_\_\_

Expiration Date (if any) \_\_\_\_\_

*We request the date be no earlier than November 2017, if possible.*

I would like to place an advertisement in the event program:

Full-Page at \$200

Half-Page at \$150

Quarter-Page at \$100

### Donor Information

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

Business or Organization Name (if applicable) \_\_\_\_\_

Name of Donor (as you would like it to appear in promotional materials) \_\_\_\_\_

Please check here if you would prefer that your donation remain anonymous (you will not be publicly acknowledged).

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Please return completed donation form by September 30, 2016 to ensure inclusion in auction catalog.**  
FACETS, Attn: Taste of Fall, 10640 Page Avenue, Suite 300, Fairfax, VA 22030  
or fax to 703-352-5088.

**Questions?** Contact D'Ivonne Holman, Volunteer and Events Manager, at  
703-865-4251 or [DHolman@FacetsCares.org](mailto:DHolman@FacetsCares.org) or visit [www.FacetsCares.org](http://www.FacetsCares.org).

**Thank you for your generous support!**