

Lake Washington School District

Evergreen Middle School

Tax ID #**91-6001645**

**Please mail form to: Trisha Miller ASB Advisor**

**Evergreen Middle School**

**6900 208th Ave NE,**

**Redmond, WA 98053**

**Thank you for your donation to our event.**

The ASB Board and Leadership Class at Evergreen Middle School

**Procurer Name:** **Trisha Miller**, **ASB Advisor** **Phone/Email: (360) 739-2118 (cell)**

**School = (425) 936-2320 trimiller@lwsd.org**

**Donor Signature:**

**Evergreen Middle School**

**1st Annual ASB Eagle Fun Run**

**Procurement Form**

**EVENT DATE: October 9, 2015**

**\*\*\*\*\*\*\* PROCUREMENT DEADLINE: October 6, 2015 \*\*\*\*\*\*\***

**Item/Service Donated:**  **Fair Market Value:**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_**

We reserve the right to package donated items and edit descriptions. My company matches charitable donations.

**BUSINESS NAME(S)**

**DONOR INFORMATION**

**Name:**  **Name:**

**Name: Address:**

**Donor, please check the following:**

I will provide a certificate.

I would like the School to create a certificate.

I will deliver the item on \_\_\_ /\_\_\_ /2015.

Please pick up my donation on \_\_\_ /\_\_\_ /2015.

**City: State: Zip:**

**Email:**

**Phone:**

**Cell Phone: Fax:**

**Item/Service Description for Prize List and/or Certificate (75 words or less):**

**Item restrictions (expiration date, exclusions, limitations, special conditions, number of people, etc):**

**Date:**