



# GRANTS WISHES, Inc

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## 2011 Annual Fall Benefit SPONSORSHIPS and DONATION FORM

Donor Name: \_\_\_\_\_  
*Donor Name exactly as you would like it listed in Program*

Mailing Address: \_\_\_\_\_  
*Mailing address for tax receipt*

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ email: \_\_\_\_\_

Detailed Description of Each Donated Item:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*If you wish to receive a letter of receipt for tax purposes please check this box. We will send you an appropriate acknowledgement for your tax deductible gift or donation.*

**Please send this completed information to GRANTS WISHES at the address listed above.  
Thank you very much for your support!**