

(Please type or print in blue or black ink)

Business/Donor Name (as it should appear in JLGC publicity)				
Donor Address:				
State: Zip:				
Email: (This is how we will send your receipt, please print clearly)				

Item Information:		
Item Name:		Estimated Dollar Value:
Item Description – include quantity, size, color, number of	persons, days/nights, etc.	and ALL RESTRICTIONS
Signature:		Date:
Mark Appropriate Box:	<b>T</b> I	ion Loogue of Colveston County Inc.
Donor will deliver to JLGC	Jul	ior League of Galveston County, Inc. 210 Kempner Galveston, TX 77550
Donor providing Gift Certificate Item needs to be picked up		jlgcauctions@gmail.com
Please create Gift Certificate for me		409.765.7646

## Please return donation form by DECEMBER 1, 2017

For JLGC Use ONLY:	
Item Category:	Date: