

TURNING POINTE
Survivor Advocacy Center
OCTOBER 18, 2019



Please submit completed form and additional documentation to Turning Pointe:
Gina Blanchard-Reed - tpointedirector@qwestoffice.net - (360) 426-1216

ITEM NAME: _____

DESCRIPTION: (Include dates, times, limitations, size, color, features and restrictions) _____

Type of Item: Physical Item: _____ Gift Certificate: _____

I need a certificate made (signature required): _____

Fair Market Value (REQUIRED): \$ _____ **Expiration Date** (If applicable): _____

I will deliver my item: _____ **I need my item picked up:** _____

DONOR INFORMATION

Donor Name for Catalog _____

Contact Name: _____ **Phone Number:** _____

Address: _____

Email: _____

Procurement deadline for catalog recognition is September 30, 2019
Tax ID: 91-2024833

FOR OFFICE USE ONLY:

Procured by:

Name: _____ Date rec'd: _____

Phone: _____ Date entered: _____

Email: _____ Procurement #: _____