Focus on Kids Laboratory Guild Beakers & Bubbly Seattle Children's Hospital Dept. Of Laboratories

Tel: 206-987-5306 • Fax: 206-987-3840 **2020 DONATION FORM**

Guild Representative:	(Please type or use	ball point pen)		
NAME:		ADDRESS & DAY TELEPHONE: Seattle Children's Hospital Focus on Kids Guild		
Monica Wellner, President		PO Box 5371 Mail Stop OC.8.720		
Focus on Kids Guild		Seattle, WA 98145-9807		
		206-987-5306(OFFICE)		
Donor Information:				
DONOR NAME – FOR CATALOG: (Name as it s	nould appear in catalog)			
DONOR CONTACT NAME:		TELEPHONE:	FAX:	EMAIL:
DONOR ADDRESS:		CITY:	STATE:	ZIP:
Item Information:				
ITEM NAME:		DONOR-ESTIMATED VALUE: (Must state dollar amount)		
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS:</u>				
DONOR SIGNATURE & DATE:		MARK APPROPRIATE BOX:		
		Item accompanied form Donor provides Certificate		
		Item needs to be picked upCommittee to create Certificate Delivery of item by Donor Promotional material provided		
		1	by Donor	
		by Bonor		
For office use only:				
TRACKING NUMBER:	CATALOG NUMBER:	NOTES:		

Benefiting



PLEASE RETURN YOUR DONATION FORM BY 2/15/2020