

Donation Form

Thank you for your generous support of The Brook Hill School! Your donation will impact hundreds of students' lives every day in such a powerful way.

Donor		Date _	
Business	ndividual Parent Fac	culty Student	
Name of Business o	r Donor		
Contact			
Mailing Address			
City	State	Zip Code	
Telephone	Email		
Donation			
Item Name			
Please select one:	Actual Item Certificate	2	
Description of good	s or services offered:		
Estimated retail val			
Please include any i	estrictions and/or expiration dat	e for donated item	
	become the property of The Broo	t institution. The IRS identifications in the committee response or packaged for the auc	serves the right to determine
DEVELOPMENT OF Brook Hill Contact _		Phone Number	
ltem will be pic	ked up by (individual):		
	ivered by (date):		
	ltem #		