

Donation Request Form

Item Information:

Live Auction _____ Silent Auction _____ Money _____ Other _____

Item: _____ **Value:** _____

Description:

Donor Information

Previous Donor _____ New Donor _____

Donor (First and Last Name) _____

Business Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Solicited by _____

Please return this form to:

The Sewing Labs
526 Campbell Street
Kansas City, MO 64106

Forms may also be emailed to:

thesewinglabs@gmail.com