



DONATED ITEM:

VALUE BY DONOR: \$ _____

Description for Catalog: _____

Restrictions: _____

This is an:

ITEM

GIFT CERTIFICATE

My item/gift certificate is:

Included with this form

To be sent by (date):_

To be picked up on (date):__

To be created by Musical Theatre West

Donor Name to appear in Catalog: _____

Company Name: _____ Contact Person for acknowledgment: _____

Address: _____

City: _____

State: _____ Zip: _____

SECURED BY:

PHONE:

FAX: _____

Send event invitation to donor? Yes No Donor is already on guest list

PLEASE NOTE SUBMISSION DEADLINE IS July 27, 2018

Tax ID # 95-6100108

Please return this form to: Musical Theatre West

by fax: (562) 856-1997 or mail to: 4350 E. 7th Street, Long Beach, CA 90804-5546

OFFICE USE ONLY: Item Rec'd. By: _____

Tracking #: _____

Entered: _____

Item #: _____

Category: _____

Catalog review w/initial: _____