



Donation Description Form
TUNA CHALLENGE 2019

PLEASE RETURN THIS FORM TO:
acquisitions@tunachallenge.org

Make-A-Wish San Diego, 2440 Hotel Circle N., Suite 200, San Diego, CA 92108

To successfully process & acknowledge each donated item please complete the following form.
ALL 2019 Tuna Challenge Forms & Donations MUST be received no later than 8/16/2019

Donated Item/Service: _____

Donor: _____ Check this box to remain Anonymous

Contact: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ Fax: _____

Email: _____ Fair Market Value: \$ _____

COMPLETE DESCRIPTION:

Empty box for complete description of the donated item.

LIST ANY/ALL RESTRICTIONS OR LIMITATIONS AFFILIATED WITH DONATED ITEM:

Empty box for listing any/all restrictions or limitations.

Donated Item: Attached Need to pick up Will be delivered to Make-A-Wish

Certificate: Attached Need to pick up Make-A-Wish will provide

Display Materials (if applicable): Attached Need to pick up Will be delivered to Make-A-Wish

Donor Name _____ Donor Signature X _____ Date: _____

Donation(s) Accepted By: _____ Signature X _____ Date: _____

MAKE-A-WISH SAN DIEGO TAX ID#: 33-0039466

FOR OFFICE USE ONLY

Processed by: _____ Date Received: _____ Total In-Kind Amount: \$ _____ Auction Software

Thank You Sent Tax Letter Accounting Database