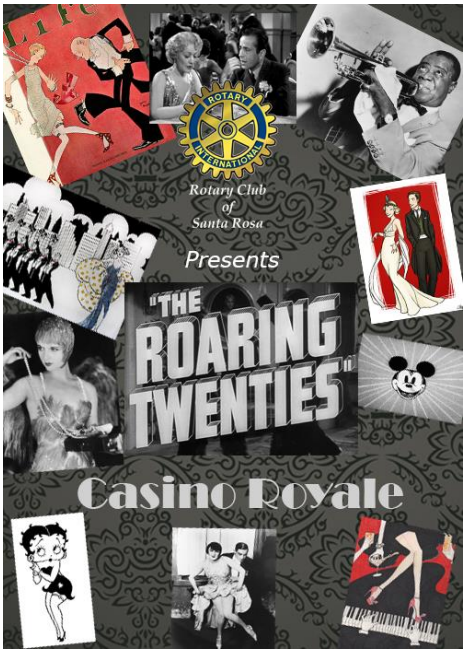

Rotary Club
of
Santa Rosa

Casino Royale

Benefiting the Rotary Club of Santa Rosa's Charitable Projects

Saturday, January 18, 2014

DONOR FORM

Donor(s): _____

Business Name (if applicable): _____

Mailing Address: _____

City, State, Zip: _____

Phone numbers: (Business) _____ *(Cell)* _____ *(Home)* _____

ITEM: _____ *Market Value:* _____

Suggested Minimum Bid: _____

DESCRIPTION: _____

_____

_____

Expiration Date (if applicable): _____

Restrictions (if any): _____

How do you wish to be identified in the catalog? _____

Pick-Up Required? (Yes / No) _____ *Pick-Up Date* _____

Location _____

Instructions _____

Gift Certificate Enclosed? (Yes / No) _____

Donor Signature: _____ *Date:* _____

Rotary Club of Santa Rosa Contact: _____ *Phone:* _____

Please return this form to:

Rotary Club of Santa Rosa
P.O. Box 505
Santa Rosa, CA 95402

Website: www.santarosarotary.com

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