

# Ghost Ball



A benefit for **Elevations: A Children's Therapy Resource Foundation**

325 S. University Rd, Ste 202  
Spokane Valley, WA 99206

(509) 385-2116

www.GhostBall.org    www.ElevationsSpokane.org

*Elevating children with special needs to reach their full potential*

Charitable Non-Profit 501(c)3 45-4130330

Donor/Business Name			
Contact (First & Last Name)		Email Address	
Address			
City/State/Zip		Telephone	
DONATED ITEM (Please use a separate form for each item)			Value of Donation \$
DETAILED DESCRIPTION (Include size, color, brand, model number, any restrictions, days available, expiration date, location)			
<p>THIS ITEM IS A:</p> <input type="checkbox"/> Tangible Item (chair, car, clothing, etc) <input type="checkbox"/> Intangible Item (gift certificate, service, trip, etc)			
<input type="checkbox"/> Tangible item accompanies this form		<input type="checkbox"/> Business certificate attached	
<input type="checkbox"/> Item will be delivered _____ Label with Donor's Name		<input type="checkbox"/> Form completed at bottom (signature required)	
SIGNATURE OF DONOR	DATE	PROCURER'S NAME	PHONE

**If the item is intangible and your own certificate is not attached, please complete certificate below.**

Auction Gift Certificate	
The following was donated to the Ghost Ball:	
Item _____	
Any Restrictions - Available: <input type="checkbox"/> Anytime <input type="checkbox"/> Only on _____ <input type="checkbox"/> Other _____	
To obtain, Contact: _____ Phone _____	
OR: <input type="checkbox"/> Bring to Company <input type="checkbox"/> Other _____	
Certificate Expires: <input type="checkbox"/> One Year from Auction <input type="checkbox"/> Other _____	
Business / Donor Name: _____ Phone _____	
Address _____ City _____	
Email Address _____	
Authorized by (Name): _____ Title _____	
(Signature): _____	