

21st Annual Dream Gala, Saturday, March 6, 2010

1215 Fourth Ave., Suite 1400 - Seattle, WA 98101

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dedicated to finding a cure

Procurement #

WINE Procurement Form

Please Complete Form No Later Than **January 29, 2010**

DONOR INFORMATION			
Donor Name <i>(list exactly as you would like to appear in auction catalog)</i>			
Contact Name <i>(for arrangements)</i>		Contact Phone <i>(for arrangements)</i>	
Address	City	State	Zip
Phone	Fax	Email	
Name of Individual for Thank You / Tax letter <i>(if different than donor/contact name)</i>			
DESCRIPTION OF DONATED ITEM			
Item:		Value <i>(must provide for tax purposes):</i> \$ _____	
Winery:		Name of Wine:	
Vintage:		Appellation:	
Number of Bottles:		Bottle Size: <input type="checkbox"/> 750mL <input type="checkbox"/> Other: _____	
Varietal:		<input type="checkbox"/> Etched <input type="checkbox"/> Library <input type="checkbox"/> Signed	
Ratings:		Drinking Window:	
Wine Maker <i>(if appropriate):</i>			
Tasting Notes:			
Restrictions: Please state any limitations or special restrictions <i>(date/time specific, gratuity not included, advanced reservations required)</i>			
Note: Please submit photos when donating a privately owned vacation property.			
Signature _____		Date _____	
<i>(Donation can not be processed without donor signature)</i>			
Please Send Completed Form to Address / Email Above		Procured by: _____	