



Yes, I/we want to support the Champions for Youth Virtual Gala for 360 Youth Services. I/we will complete and return this from with my/our donation by Friday, September 25th. I am/we are aware that some items may be packaged with other items.

Donor Name (as you	ı wish to be liste	d):						
Address:								
Contact Person:					Title:			
Phone Number:					Email:			
Item Description:								
Category:	☐ Beauty ☐ Health	☐ Entertainment☐ Home	□ Experience□ Sports	☐ Family ☐ Travel	☐ Food & Wine			
Estimated Fair Mark	et Value of Item:		(priceless co	nsignment)				
If Gift Certificate, ple	ase check one:	☐ Donor Provi	ded 360 🔲 will d	create certificate				
Restrictions/Special	Instructions:							
As a guarantee that	the item above h	nas been approved and	will be donated by the a	bove named Corpo	ration/Individual, we re	quest the contact provid	le a signature.	
Signature				D	ate			
Please send item(360 Youth Service Attn: Special Even	events@360youthservices.org			FOR INTERNAL USE ONLY Procurement Status: Date Received:				
1305 W. Oswego Naperville, IL 605	oad (Questions? Phone: 630-961-2992 e	xt. 1129		Committed Declined Awaiting Pickup In-transit Received	Initials:	_	

