

ITEM # \_\_\_\_\_ (for office use only)

**2010 PADS MOTHERS' DAY CHARITY BRUNCH & AUCTION  
SATURDAY, MAY 08, 2010**



**PADS** PACIFIC ASSISTANCE DOGS

**NEW VENUE**

**Executive Plaza Hotel 405 North Rd., Coquitlam, BC**

**Auction Donation Form**

**Please fax to:** 604.527.0558

**Mail:** PADS – 9048 Stormont Avenue, Burnaby, BC V3N 4G6

**Telephone:** 604.527.0556 ext 222

**Donor (Company / Individual)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ PC \_\_\_\_\_  
 Phone (w) \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
 Web: \_\_\_\_\_

Contact Name & Title: (if different from above) \_\_\_\_\_

**Income Tax Receipt Required?**  Yes  No (Receipts will be mailed immediately following event)

**ITEM:** \_\_\_\_\_ **VALUE: \$** \_\_\_\_\_  
(Must be included)

**ITEM DESCRIPTION – FOR USE IN THE PROGRAM:** A complete and accurate description enables us to accurately reflect your donation and its value in the Auction program for prospective bidders. **Please make note of any restrictions.** Use back for more space.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pickup article?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Committee Member Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Internal Use Only:

<b>Program #</b>	_____	<b>Item #</b>	_____
<b>Database:</b>	_____	<b>Pickup Assigned</b>	_____
<b>Entered Date:</b>	_____	<b>Entered By:</b>	_____