



Saturday, November 8, 2014
Seattle Design Center

Dessert Dash Form
Please Submit by **October 3, 2014**

DONOR INFORMATION

Donor Name (Please list above EXACTLY as you would like the donor listing to appear in the auction catalog)

Contact Name	Email
Address	City/State/Zip
Phone	Alternate Phone

Name of Individual for Thank you/Tax letter (if different than donor/contact name)

Signature of Donor _____ **Date** _____
(Donation cannot be processed without donor signature. If submitted electronically, entering your name serves as your signature.)

DESCRIPTION OF DESSERT ITEM

Dessert Name:

Value (Please estimate for tax purposes): \$

Item Description*: Please note below if your dessert contains nuts of any kind, and which types.
 Contains Nuts Gluten-Free Dairy-Free Vegan Other

DELIVERY OF DESSERT ITEM (please select one)

Boyer to Pick-Up on Saturday, November 8th. Best Times: _____

Donor will deliver to **Boyer Children's Clinic on Friday, November 7th between 9:00—5:00 PM**

Donor will deliver to **Seattle Design Center on Saturday, November 8th between 12:00—3:00 PM**

Please return this completed form via fax, mail or email before October 3, 2014.

Boyer Children's Clinic 1850 Boyer Avenue East, Seattle, WA 98112
Ph: (206) 325-8477 Fx: (206) 323-1385 Email: specialevents@boyercc.org.

This donation becomes property of Boyer Children's Clinic. • Tax ID #91-1316838 • Proceeds from the sale will benefit children with neuromuscular disorders and developmental delays, and their families, through programs at Boyer Children's Clinic.