



Donation Form

Contributed Items/Services		
Description of Items/Services		
How would you like your donation credited? (i.e. Name/Business Name)		Estimated Value of Contribution
Primary Contact Person (If different than above)		Title
Company /Organization Name (If different than above)		
Address		City/State/Zip
Telephone	Fax	Email
Authorized Signature		

Please check one of the following:

<input type="checkbox"/>	My donation is enclosed
<input type="checkbox"/>	Please call me to make arrangements for Gio's Garden to pick up my donation

Please return donation form by Sept. 10 to PO Box 822, Madison, WI 53701-0822 or email info to ron@giosgarden.org. Call 608-616-5605 with any questions.