

STORIES *that* CONNECT

THURSDAY, APRIL 23, 2020
5:30 TO 8:30 P.M.
KALEIDOSCOPE
1901 W. CARROLL AVE.



SILENT AUCTION DONATION FORM

Contact Information

Company: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____

Item Description *Please be sure to include any restrictions (ex. expiration or blackout dates)*

Item Value: _____

Delivery

- I will bring the item to Kaleidoscope's office:**
1901 W. Carroll Ave. #205
Items are needed by end of day Wednesday, April 15.
- Please it pick up.**
Kaleidoscope staff will contact you to coordinate pickup by end of day Wednesday, April 15.
- N/A.**
Please include contact info or any scheduling details above.

Authorized Signature

Date

Please return this form to Kathy Grzelak:
KGrzelak@Kaleidoscope4Kids.org
Phone: 773.292.4076
Fax: 773.278.5663

