Affton-Lemay
CHAMBER OF COMMERCE

PLEASE COMPLETE AND RETURN THIS FORM WITH DONATION

DONOR NAME (for program)_____

Name of Contact _____

Address _____ ***Phone Number (___)***_____

City _____ ***Zip***_____

Item Name_____

Fair Market Value $_____

Please enter an estimated value, we appreciate your help.

Detailed Description ***(please include clothing sizes)***_____

_____

_____

_____

- ☐ ***Arrange for pick-up of item*** _____
- ☐ ***Date donor will deliver*** _____
- ☐ ***Donation Enclosed***_____

Many thanks from the Affton-Lemay Chamber of Commerce.

Affton-Lemay Chamber of Commerce
9815 Mackenzie Rd
Affton, MO 63123
314-631-3100

Office Use

Item #_____

Source_____

Date Rcd_____

Photo_____