HFRCS Auction Committee: 2017 Family Basket Form

2477 Trenton Road • Levittown, PA 19056 • (215) 269-9600

HFRCS FamilyInformation:

FAMILY NAME - FOR CATALOG: (Name in catalog)	e as it should appear		
CONTACT NAME:		TELEPHONE:	EMAIL:
YOUNGEST CHILD'S TEACHER AND R	OOM:	1	
	•		
Item Information:			
ITEM NAME:		ESTIMATED VALUE: (Must	state dollar amount)
ITEM DESCRIPTION - INCLUDE QUAN RESTRICTIONS:	TITY, SIZE, COLOR, N	NUMBER OF PERSONS, WEEK	KS, DAYS/NIGHTS AND <u>ALL</u>
	_		
Monetary Gift Information:			
Your donation will be used to pure be listed as donor.	hase a gift to be aud	ctioned during our silent	auction. Your name will
AMOUNT:			
*Please make checks payable to HF	RCS.		
HFRCS Internal Use			
Only:	T	T	
	CATALOG NUMBER:	NOTES:	

PLEASE RETURN YOUR DONATION FORM BY MARCH 17, 2017 If you prefer your gifts to be picked up, contact HFRCS at (215) 269-9600.