



TURNING POINT

510 Harley Street  
Scottsboro, AL 35768  
256-259-8772

# Inspire Life Gala

## 2021 Donation Form

<b>COMMITTEE MEMBER</b>	Name:	Phone:
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<b>DONOR INFORMATION:</b>			
BUSINESS/DONOR NAME – FOR MARKETING/ADV (As it should appear):			
DONOR CONTACT NAME:		DONOR ADDRESS:	
PHONE:	CITY:	ST:	ZIP:
EMAIL (This is how we will send you your receipt, please print clearly):			

<b>ITEM INFORMATION:</b>	
ITEM:	ESTIMATED DOLLAR VALUE: \$
ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND ALL RESTRICTIONS:	
<b>MARK APPROPRIATE BOX:</b> <input type="checkbox"/> Delivery of item by Donor to TPPC <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate	

SIGNATURE:	DATE:
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<b>FOR OFFICE USE ONLY</b>	
TRACKING #:	NOTES:

**Checks made payable to: Turning Point  
PLEASE RETURN YOUR DONATION FORM BY 10/22/21**