



**Friends of BCSIS
Winter Festival Donation Form
Boulder Community School of Integrated Studies**

3995 Aurora Ave., Boulder, CO 80303 www.schools.bvsd.org/bcsis

Donor [Business]:			
Donor Contact:	Name:	Position:	
Address/ Contact Info:	Street:		
	City:State:	Zip:	
	Phone:	Email:	
Item Description:	Donation Description: Please tell us about your product or service, so we can fully market it. Including a brochure, photos, or any other visuals can be helpful and will be displayed/given out at the auction.		
	Retail Value:	Expiration Date: [if any]	
Delivery Options:	<p>Please pick one option for making your donation.</p> <p><input type="checkbox"/> I will drop off my donation at BCSIS. <input type="checkbox"/> I will mail in my donation to BCSIS.</p> <p><input type="checkbox"/> Please pick-up my donation</p> <p>Date donation will be available: _____</p>	Notes: [Please include any additional information]	
BCSIS Volunteers	Name:	Contact Info:	

We appreciate your donation! Thank you for helping our school.
All donations are tax deductible Tax ID #: 84-1542618

BCSIS use Only:

Item #:		Date In:

[BCSIS Parents, please return all forms to Andrea Tropf in the office]