



2015 Donation Item Form

Item Description: _____

Value of Item: \$ _____

Donated by: _____

(The donated by information is what will be used for all advertising that you personally or the business name supported Bosom Buddies PL)

Contact Information:

Business Name: _____

Contact Person: _____

Mailing Address: _____

City: _____ Province: _____

Postal Code: _____ Phone Number: _____

E-mail address: _____

Any additional information you would like to share about the donated item or contents of the basket. Please share below:
