

FOR OFFICE USE ONLY

ITEM NUMBER

YEAR

Date Received ____/____/____

Retail _____

Circle ONE**C – Certificate**

Expiration Date ____/____/____

(all certificates valid for one year unless otherwise specified)

M – Merchandise

- Exchangeable
 Non-exchangeable
 Installation Included
 Installation NOT Included

O – Other

- In Kind
 Cash Contribution
 (Make checks payable to KTWU)

Item Type

- Q – Auction Store < \$50
 R – Regular \$50 - \$299
 S – Special \$300 - \$999

KTWU Channel 11
 1700 SW College Avenue
 Topeka KS 66621
 785-670-3175
 KTWU.org

PICK-UP / DELIVERY INSTRUCTIONS

**PLEASE RETAIN THIS RECEIPT
 FOR YOUR TAX RECORDS**

STEP 1 ITEM DESCRIPTION *\$50 minimum for on-air credit*

Item Name _____ Retail \$ _____

Total # of Identical Items _____ Size _____ Total Retail Value \$ _____

Description _____

 _____**STEP 2** DONOR INFORMATION *Please Print Clearly*

Company Name _____ Donor # _____

Contact Name and title _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell Phone (_____) _____

Website / E-mail _____

Authorized Signature _____

STEP 3 VOLUNTEER INFORMATION

Name _____

Volunteer I.D. # _____ Team # _____