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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We request that you submit this donation form no later than **Friday, May 17, 2019** to ensure your gift is recognized in our program book. Please complete one form per donated item. To access this document online, visit **unitedwayinc.org/power-of-the-purse**. | | | | | | | | | | | | | | | | | | | | |
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| **Donor and Acknowledgement Information** | | | | | | | | | | | | | | | | | | | | |
| Individual/Company Donating: | | | |  | | | | | | | | | Donor Contact: |  | | | | | | |
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| Address: | |  | | | | | | City: | |  | | | | | | State: | |  | Zip Code: |  |
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| Phone: |  | | | Fax: |  | | | | Email: | | |  | | | | | | | | |
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| Please indicate how you would like to be recognized on mobile bidding sheet and in event program: | | | | | | | | | | | | | | | | | | | | |
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| **Donation Information (Please attach a separate sheet if necessary.)** | | | | | | | | | | | | | | | | | | | | |
| **Detailed description of item(s).**  **Purses:** Brand, material (ex: leather), style (ex: satchel), color, size, unique features (ex: trim), condition (ex: new with tags). | | | | | | | | | | | | | | | | | | | | |
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| **Physical non-purse items:** Detailed item description. | | | | | | | | | | | | | | | | | | | | |
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| **Gift cards/certificates:** Description of services and amenities. Expiration date and restrictions. Venue name and location. | | | | | | | | | | | | | | | | | | | | |
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| Fair market estimated value (round to the nearest $5 increment) $: | | | | | | | | | | |  | | | | | | | | | |
| (Value will be used to determine minimum bid. United Way of Central and Northeastern Connecticut reserves the right to set minimum bids and to determine the presentation of donated items.) | | | | | | | | | | | | | | | | | | | | |
| Donor signature: | | |  | | | | Donor solicitor: | | | | |  | | | | | Date: | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Delivery Information (Please Check)** | | | | | | | | | | | | | | | | | | | | |
| Donor will deliver item to United Way of Central and Northeastern Connecticut by **Friday, May 31, 2019**  Donor will contact United Way of Central and Northeastern Connecticut regarding pick up  Gift certificate will be provided  This contract serves as the gift certificate | | | | | | | | | | | | | | | | | | | | |
| **Mail form to:** Rebekah Castagno, United Way of Central and Northeastern Connecticut, 30 Laurel Street, Hartford, CT 06106-1374  **Email form to:** [rcastagno@unitedwayinc.org](mailto:rcastagno@unitedwayinc.org) **Questions, please call Rebekah at:** 860-493-6833 | | | | | | | | | | | | | | | | | | | | |
| **Please retain the bottom potion of this form as your receipt.** | | | | | | | | | | | | | | | | | | | | |
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| **Women United *Power of the Purse*** | | | | | | | | | | | | | | | | | | | | |
| Detailed description of item (Please save a copy of any attachments submitted.) | | | | | | | | | | | | | | | | | | | | |
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| Valuation of donated item by contributor $ | | | | | |  | | | | | | | | | Date donated: | | | |  | |
| United Way of Central and Northeastern Connecticut’s Tax ID number: 06-0646653 | | | | | | | | | | | | | | | | | | | | |