

PACER Center



Event Name: *Annual Benefit*
Event Date: *Saturday, November 14, 2020*

Donor Information:

First Name: _____ Last Name: _____
Company Name: _____
Donor Display Name: _____
Street Address: _____
City / State / Zip Code: _____
Primary Phone #: _____ Secondary Phone #: _____
E-mail Address: _____
Website: _____

Item Information:

Item Name: _____
Item Description: _____

Restrictions:

Item Value: _____ Priceless? Yes No
Gift Certificate? N/A Included Donor to Provide Organization to Create
Delivery? N/A Delivered Donor to Deliver Organization to Arrange Pick up

Notes:

Please Return Completed Form to:

PACER Center
8161 Normandale Blvd.
Minneapolis, MN 55437

Phone Number: (952) 838-9000

Thank you for supporting PACER Center!