



Novi Chapter Item Donor Form

(PLEASE PRINT OR TYPE)

Item to be donated : _____

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ email: _____

Best Times to be reached: _____

Please describe donated item. Please be specific in describing the item. Include photo, brochure, size, if exchangeable, etc. Please attach a separate sheet if more room is needed.

Suggested Retail Value: \$ _____ Donors Signature: _____ Date: _____

___ item needs to be picked up, contact _____

___ item will be delivered by _____ Date: _____

___ Yes , I want a booth at the fundraiser. (Based on availability) ___ No, I do not want a booth

Send completed form with description literature and pricing information to:
S.C.I. NOVI CHAPTER c/o Deb Iacovacci, 13266 Sumac Rd., South Lyon, MI 48178 (734)306-4294
Or email completed form to debbyszot@hotmail.com

To learn more about our Chapter or to find a listing of upcoming events, visit our website:
www.scinovi.com