



**PARTY WITH A PURPOSE**  
Mediation Services for Anoka County  
Thursday, September 6, 2007  
**AUCTION DONATION FORM**

**Please return forms no later than August 1, 2007 to:**

**Mediation Services for Anoka County  
2520 Coon Rapids Blvd., Ste. 100  
Coon Rapids, MN 55433  
Phone: 763-422-8878  
Fax: 763-422-0808**

Please type or print the following information as completely as possible.

Donor Names/Company Name:

*(Please print name as you would like it listed in the 2007 PARTY printed material.)*

Contact Person:

Phone:

Address:

Fax:

City:

State:

Zip Code:

Email:

I prefer to remain anonymous.

Please contact me about my donation:

YES

NO

Item/Service Donated:

Description of item (size, color, all identifying information, etc.):

Date donation will be available for pick up or delivery: \_\_\_\_\_

Value of donation (est. market value):    \$ \_\_\_\_\_

Certificate/Service effective from (dates) \_\_\_\_\_ to \_\_\_\_\_

*(Certificates cannot start before September 6, 2007.)*

Donor will provide: (circle one)

Actual item

Certificate

Information for MSAC to prepare certificate

I, the undersigned, hereby agree to provide the above stated donation of goods or services to Mediation Services for Anoka County, a non-profit, tax-exempt(501(c)(3) organization (Federal ID #41-1574959).

I prefer to make a donation of \$ \_\_\_\_\_ to help defray auction expenses.

I would like to purchase tickets for this benefit. Please reserve \_\_\_\_\_ tickets. (\$35 per ticket)

Please make checks payable to MSAC.

I'd like more information about Mediation Services.

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT OF MEDIATION SERVICES FOR ANOKA COUNTY!**