



## DONOR BENEFIT AGREEMENT

### 17<sup>th</sup> ANNUAL GIRAFFE AWARDS – MARCH 28, 2012

Please complete appropriate section(s) below

#### GENERAL INFORMATION

Donor Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone: (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_ (Home) \_\_\_\_\_  
Cell) \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### AUCTION DONATION

*I agree to donate to the Women's Chamber of Commerce of PBC the following item(s) or service(s):*

Item Name: \_\_\_\_\_ Item Value (fair market value): \$ \_\_\_\_\_

Personal Donation  Business/Corporate Donation

Detailed Description (*Quantity, Size, Color, Restrictions or other information to ensure proper understanding of the donated item*)

\_\_\_\_\_  
\_\_\_\_\_

Expiration Date \_\_\_\_\_  Delivery by Donor  Create Certificate  
 To Be Picked Up by Chamber Representative  No "Thank You" Necessary Category: \_\_\_\_\_

***Underwriting Opportunities are available.***

***Please contact the Chamber Office for more information.***

Chamber Representative: \_\_\_\_\_

**Thank You for Supporting the  
Women's Chamber of Commerce of Palm Beach County, Inc.!**