Donation Reply Form

__ Yes, I/We would like to support Sophia's Dream by donating an item(s) to the following event:

The 1st Annual Wine and Cheese Tasting to be held on October 7, 2017, at the Lavender Markets and Workshops Conservatory in Sierra Made

CONTACT NAME/ TITLE:_____

COMPANY:_____

TELEPHONE:_____ **FAX:**_____

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP:**_____

DONATION DESCRIPTION

ESTMATED VALUE: **EXPIRATION DATE:**

SPECIAL INSTRUCTIONS / RESTRICTIONS

Signature:_____ **Date:**_____

Thank you for your generosity and commitment to Sophia's Dream!!

Email: sophiasdream.org@gmail.com

Contact: Sonserae Leese Phone:_____