

## **DONATION FORM** ANNUAL FALL GALA

Joppa House Ministries 801 State Street Charlevoix, MI 49720 231-330-2643

## **EVENT DATE:** THURSDAY, NOVEMBER 7, 2024

Tax ID #: 27-4592599

Company/Individual(s) Name: As it should appear in print						
Mailing Address:						
City   State   Zip:						
Email Address:						
Contact	Name:	Phone			#:	
Item Donated:					Item	\$ Value:
Detailed Description o	of Item:					
Pick Up/Delivery Instructions:						
If the item is a vacation home/condo/resort package, etc., please include photographs and/or brochures for display purposes by October 10, 2024. Please also provide the following details:						
Location or Destination						
Detailed Description						
# of Bedrooms & Bathrooms						
Dates Available:						
Contact Name:				Phone	#:	
Items may be sent to: Joppa House Attn: Gala Committee 803 State Street Charlevoix, MI 49720	<u>Ce</u>	tificates can be emailed to: A houseministries@gmail.com veri		A formal receipt confirming your donation will be postmarked to you by 11/30/24. A copy of this form may be used as verification of your contribution for tax purposes. Our Tax ID is listed above.		
For Office Use Only below this line.						
Donation checked in by:					Date:	
Notes:						