



BLACK **UNITED** FUND
OF OREGON

For Office Use Only	
Form Received:	Item No:
Entered:	Item Received:
Package No:	

10th Annual Community Unity Banquet February 21, 2007

CATALOG DEADLINE: EMAIL OR MAIL BY January 25, 2007

DONOR NAME (as to appear in catalog):

DONOR CONTACT PERSON:
 Name:
 Phone:
 Fax:
 E-mail:
 Website:
 Address:

Solicitor Name:
 Phone:
 Email:

ITEM (Brief description):

VALUE (Donor's estimate of retail value):

MATERIAL ITEM
 Donor will deliver on ___/___/___
 BUF to pick-up on _____

GIFT CERTIFICATE
 Donor to provide (please make valid after February 21, 2007)
 Black United Fund of Oregon to create

PROMOTIONAL MATERIALS
 Donor to provide on ___/___/___

FULL DESCRIPTION: It is very important to include all applicable information such as quantity, size, color, amount, number of persons, weeks, days/nights, restrictions, number of beds, geographic information (ocean-view), etc. The description provided below will be used as the item description in printed materials. **Please email photo (jpeg, pdf, tiff) of item to cjenkins@bufor.org**

Expiration Date (if any) ___/___/___ . Unless otherwise indicated, all donations are understood to be valid for one year from the date of the auction, February 21, 2007. Please no auction items with minimum starting bids or reserve prices set by the donor and no donor items on consignment.

DONOR SIGNATURE:
 _____ ___/___/___

For more information, contact us at (503) 282-7973 or email at cjenkins@bufor.org

I AM UNABLE TO DONATE AN ITEM, BUT WOULD LIKE TO CONTRIBUTE \$ _____

Cash Check Visa MC AMEX Discover

Card Number: _____ Exp. Date: ___/___/___ Card Security Code: _____

Card Holder Signature: _____ Name on Card: _____

Please make checks payable to Black United Fund of Oregon. Our Federal Tax Identification number is 93-0843267