



## ITEM DONATION

Item Donator Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Value of the Item: \$ \_\_\_\_\_. *Value is placed by the donator and not necessarily a representation of true value.*

Please provide a brief description of the gift being donated and if any particular way you wish it to be donated:

If no specific instructions for this item donation please check one: ☐ I only want it given to a person with autism-no resale  
☐ I give permission for PALS to use for raffle/auction/giveaway

I, \_\_\_\_\_ hereby agree I am donating the above described item to Providing Autism Links & Support, Inc. (PALS), to be used as I denoted above and I have declared the value of the item. I attest the value I declared to be the reasonable value for such item.

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

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

Item given to: \_\_\_\_\_

Delivered to: \_\_\_\_\_

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.  
" FLORIDA REGISTRATION NUMBER is 01-0717788

p.o. box 781458. orlando. fl 32878-1458 | 407.823.6020 | fax 407.823.6012