

Illinois State University Passages 2009

Benefiting Illinois State University students participating in Passages

DONATION FORM

Name of Organization/Donor: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Item(s) Donated: _____

Estimated Value of Item(s): \$ _____

I verify that the above item(s) was/were donated to the Dean of Students Office – Student Transitions Unit at Illinois State University for the sole purpose of student giveaways during the Passages program held August 12-16, 2009. I verify that the above information is correct.

Signature: _____ Date: _____

Name (printed): _____

Please return form and donated item(s) to:

Michelle Paul
Illinois State University
Bone Student Center
Campus Box 2640
Normal, IL 61790-2640

For questions call: (309) 438-1231

For Illinois State University Use Only:

Pledged item received on: _____ by: _____
(date) (signature)