

THE READING CIVIC THEATRE

GIFT AGREEMENT SHEET

ITEM #. _____

DATE: _____



ITEM DONATED _____ DONOR VALUE: \$ _____

GIFT DONOR: _____ REQUEST ANONYMOUS _____
NAME OF BUSINESS OR INDIVIDUAL

_____ PHONE: _____
ADDRESS AND ZIP

DESCRIPTION OF ITEM BEING DONATED. BE BRIEF BUT COMPLETE AS INFORMATION MAY BE USED IN THE PROGRAM AND PUBLICITY

.....
NAME OF SOLICITOR _____ O ITEM TO BE PICKED UP

SIGNATURE OF SOLICITOR _____ O SOLICITOR TO PICKUP

PHONE _____ O ITEM RECEIVED
.....

PLEASE RETURN THIS FORM TO DEBBIE GOSHERT VIA FAX - 610-670-7811, OR MAIL TO:

DEBBIE GOSHERT
3981-A PENN AVE
SINKING SPRING, PA 19608

ANY QUESTIONS FEEL FREE TO CALL 610-670-7275