

Name of Donor: (as name will appear in all printed materials)			O I wish to remain anonymous	
Contact Person:				
Mailing Address:		City:	State: 2	Zip:
Phone Number:		Email:		
Donor's Signature		Solicitor's Signatu	e	
Ŭ	FORMATION			
Gift Certificate OR	ysical Item			
	vsical item nor Will Deliver Item By:		Allows Re	eturns or Exchanges
If your donation includes multiple items, would	you like the items to be:	Packaged Together	OR X Offered Sep	
Retai Value \$ (Retail value is required for tax purposes)				
PLEASE NOTE: Placement selection is based on gift value and/or pairing opportunities with other Silent Auction gift donations.				
Item Description:				
 Expiration Date: Blackout Dates (If Applicable): Sky Ranch requests all donations be valid until at least February 24, 2025 The following additional information/restrictions/exclusions apply: 				
Logo Logo may be provided via email to Cowboys@SkyR Acceptable logo file formats are .png and .jpg Sky Ranch is a 501(c)(3) organization and a r Financial Accountability (ECFA). All gifts Federal To	g. Sky Ranch will amount of amount o		Sky Ranch reserves the right to in as well as edit donation descriptio and limitations must be disclosed. of February 24, 2025 applies unle your donation to be listed in print n received by January 23, 2024 .	ns. All donation restrictions A default expiration date ess otherwise noted. For
ITEMS MAY BE MAILE SKY R 7616 LBJ FREEV	COPY FOR YOUR REC D OR DELIVERED TO: RANCH WAY, SUITE 500 EXAS 75251		RN FORM WITH ITEM TIONS OR TO ARRANGE PIO COWBOYS@SKYRANCH.C 214-724-4279	CK UP, CONTACT:
FOR STAFF USE ONLY:				

__Form ____Tracker ____TY ___Certificate ____Scanned ____Photo ____GG ____RE Scan _____RE