

Company Name:	
Authorized Representative Name:	
Address:	
Telephone:	
Description of my donation:	
Estimated Monetary Value: \$	
Awards Luncheon. I have read and agree with alternate agreement has been made between my c	support of the 12th Annual Shining Stars Recognition & a the terms of this agreement or acknowledge that an company and the Sarasota Coalition on Substance Abuse, his agreement with the Sarasota Coalition on Substance
Authorized Representative Signature:	
Data	

ALL CONTRIBUTORS OF ITEMS FOR THE SILENT AUCTION WILL BE RECOGNIZED ON FACEBOOK/SCoSA WEB SITE. WITH SIGNAGE ON AUCTION TABLE AND LISTED IN THE PROGRAM. THE DEADLINE FOR RETURN OF THIS AGREEMENT IS MARCH 10, 2017. ALL ITEMS WILL BE PICKED UP BY SCoSA REPRESENTATIVES UNLESS AN ALTERNATE SHIPPING ARRANGEMENT IS PREFERRED.

Please return this form as soon as possible or prior to the deadline listed above to:



Sarasota Coalition on Substance Abuse P.O. Box 50815 Sarasota, FL 34232 Telephone: (941)366-3901 Info@scosa.org~www.scosa.org