

# TRIVIA NIGHT FUNDRAISER

## BENEFITING HEALTHLINK DENTAL CLINIC

FRIDAY, MAY 4TH

7-9:30PM

BEN WILSON ACTIVITY CENTER (WARMINSTER, PA)

### Donation Form

#### DONOR INFORMATION

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City, ST Zip \_\_\_\_\_

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

#### DONATION INFORMATION

Donation of: \_\_\_\_\_

Estimated Value: \$ \_\_\_\_\_ Date of Donation: \_\_\_\_\_

Delivery of Item:

- Included with this form
- To Be Picked Up (Pick Up Instructions: \_\_\_\_\_)

This donation was recommended by: \_\_\_\_\_.

Kindly return this completed form with your contribution to:

HealthLink Dental Clinic  
Attn: Trivia Night Fundraiser  
1775 Street Road  
Southampton, PA 18966



If you have questions or comments please contact Raquel Braemer, Development Director, at  
rbraemer@healthlinkdental.org or (267) 699-0122.