

CANCER COUNCIL OF RENO COUNTY
2024 RENO ROUNDUP
DONATION FORM

DONOR INFORMATION (REQUIRED):

(Please print donor name as it should appear in the program and on mobile bidding)

Donor Name: _____

Street Address: _____

City / State / Zip: _____

Cell Phone Number: _____

E-mail Address: _____

Contact Name (if business donor): _____

ITEM DESCRIPTION: _____

MARKET VALUE OF ITEM (REQUIRED) \$: _____

SPECIAL INSTRUCTIONS: _____

VOLUNTEER WHO OBTAINED THE ITEM: _____

Questions or suggestions?

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PLEASE RETURN FORM + ITEM(S) BY JANUARY 20TH, 2023