



65<sup>th</sup> Annual Conference  
Exhibit Hall: Sept 8 & 9, 2019  
Door Prize Donation Form



Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ URL: \_\_\_\_\_

Item Description:

Notes or Restrictions:

Expiration Date: \_\_\_\_\_

What is the estimated value of your donations? \$ \_\_\_\_\_

Return Donation Form with Donation Item by **Friday, July 26, 2019.**

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For VRPS/COMITTE use only: Item# \_\_\_\_\_  
SOLD TO: \_\_\_\_\_ AGENCY/COMPANY: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ PAYMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Credit VRPS Service Area/Resource Group: \_\_\_\_\_