



DONATED GIFT CONFIRMATION

* We would appreciate it if you enter a value, so we don't have to call you for one.

Donor Name (for program) _____ Contact _____

Address _____ Phone Number () _____

City _____ Zip _____ Estimated Value* \$ _____

Description of item donated _____

Arrange for pick-up of item _____

Date donor will deliver _____

Donation received _____

*Many thanks from the
Affton Chamber of Commerce*

AFFTON CHAMBER OF COMMERCE
10203 Gravois Road
Affton, MO 63123-4029
V: 314-849-6499 • F: 314-849-6399

Office Use ITEM # _____ Database _____



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