



September 18, 2008



Basket Sponsor Donation Form

Donor Name _____

Contact _____

Address _____

Phone _____ email _____

Basket Name _____

Contents _____

Basket value _____ (preferred minimum value \$100)

Signature _____

Please note: Donor Name and Basket Name will be published as written above.

I will deliver my basket items to Heartland Community College, 1500 W. Raab Rd., Room CCB 2302, Normal, IL, 61761 **by September 1, 2008.**

HCCF staff may collect the basket items at _____ **prior to September 1.** Please call _____ to schedule pick up.

Please contact Carrie Bruce, Foundation Assistant, at (309) 268-8102 or e-mail Carrie.Bruce@heartland.edu if you require any additional information. All monetary donations and in-kind gifts are tax deductible to the extent allowed by law.