



The Neureuter Family

The Neureuter Family Benefit DONATION FORM

Name of Establishment: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact person: _____

Phone Number: _____ Fax Number: _____

e-mail: _____

Description of item(s) donated: _____

Approximate value: _____

Donated item enclosed _____ **OR** Please pick up item (call to arrange pick up) _____

Sorry, I'm unable to donate an item, but please accept **my donation** \$ _____

Please complete this form and return it to:

Friends of the Neureuter Family
PO Box 806
Hamburg NY 14075

We ask that all donations are submitted to us by **Wednesday, September 6th**

Thanks for your support and generosity