

Name of person donating \_\_\_\_\_  
Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Donated Item Information                      Wine              or              Gift Card  
Item Name (including vintage year if wine) \_\_\_\_\_  
\_\_\_\_\_

Wine value verified at Vivino.com or by using the Vivino app \_\_\_\_\_  
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Purchase a Feather Centerpiece

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

Email address \_\_\_\_\_ Phone number \_\_\_\_\_

Please attach this form to a check made out to PCA/HSA for \$40 and return to the school office.  
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