



**2nd Annual HALL of FAME**  
**Saturday, November 11, 2017 - 5:30 pm to 10:30 pm**

**Hall of Fame Taste Fest**  
**Donation Confirmation Form**

Donor Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email \_\_\_\_\_ Title/Position: \_\_\_\_\_

Please describe the food item(s) you will be donating, along with the fair market or retail value of the food provided. Please list any special requirements for your food station. Each food vendor will be provided one 8-foot table unless other arrangements are made.

Item Description[s] and Value[s]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Set up Requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Value of Donated Items: \$ \_\_\_\_\_

*The proceeds from this event will benefit the  
Divine Child Catholic Schools Athletic Programs and the DCAA Scholarship Fund*

*Divine Child is a tax-exempt organization under IRC Section 501 (c) (3) and  
your gift is tax deductible to the fullest extent of the law.*