

INLAND AGENCY'S
Shop to Stop Breast Cancer 2009
Inventory information

****please fill out form completely and a receipt will be mailed to you****

Donor: _____

Address: _____

Phone number: _____

E-mail address: _____

Item description:
(please include any interesting history or facts, if available)

1. _____ appx. Value: _____

2. _____ appx. Value: _____

3. _____ appx. Value: _____

4. _____ appx. Value: _____

5. _____ appx. Value: _____

6. _____ appx. Value: _____

7. _____ appx. Value: _____

8. _____ appx. Value: _____

9. _____ appx. Value: _____

PLEASE DO NOT WRITE BELOW THIS LINE

DATE RECEIPT & THANK YOU SENT: _____

SENT BY: _____