

A Taste for Life Wine Event
Silent Auction Donation
Please RSVP by September 15, 2010

Donor Name(s) _____
(Please name the Donor as you would like to see it listed in our program)

Street Address _____

City/State/Zip _____

Contact Name _____

Phone _____

E-mail _____

My Donation is _____

Or, a gift certificate which is enclosed (circle) Yes or No

Or, please pick up at _____ on _____

Please return this form to:

Gift of Life Transplant House
705 Second Street SW
Rochester, MN 55902

Questions:

Lisa Gander, 507-259-7709 or lgander@superior-plumbing.com

Thank You