



“Inspiring people with
HIV to live well”

2727 SE Alder Portland, Oregon 97214

www.ourhouseofportland.org

Main Phone (503) 234-0175 Fax 503-894-9117

Tax ID #93-0986632

Please fill out completely & legibly. All items with a * are required. Forms may be mailed, faxed or information may be emailed to events@ourhouseofportland.org.

All information due by December 6th, 2017

Donor Information

*Donor Name (How should we list you in the catalogue?):

*Contact Person: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Email: _____

*Donor Signature: _____ Date: _____

Item Information

*Complete Description:

Please list any Restrictions: _____

*Value/Suggested Retail Price: _____

*Item to be: picked upon (date) _____ - **OR** - delivered to Our House on (date) _____

If a certificate is required.... _____ I will provide certificate _____ Our House is to create certificate

Our House Solicitor: _____ **Date:** _____

Solicitor contact information: _____

Thank you sent by _____ **Date:** _____

RE entered by _____ Date: _____
