



**The 14th Annual  
Abilities First Women's Cup Challenge and Beginner Golf Clinic**

*June 28, 2010  
Beekman Country Club*

***Donation Agreement***

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

*Company:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Fax:* \_\_\_\_\_

*Description Of Donated Item:*

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

*Fair Market Value of Item: \$* \_\_\_\_\_

*Delivery of Item*

\_\_\_\_ *Item to be picked up by event representative*

\_\_\_\_ *Item to be mailed to  
Abilities First, Inc.  
Development Office  
70 Overocker Road  
Poughkeepsie, NY 12603*

*Attention: Women's Golf Committee*

*Vendor signature:* \_\_\_\_\_

*Committee Member Representative:* \_\_\_\_\_

***Thank you for your generosity.  
A thank you letter stating your donation will be sent to you.***