



Hotel Madison and Shenandoah Valley Conference Center

67th Annual Conference
Exhibit Hall: October 25, 2021
Door Prize Donation Form

Company Name: _____
Address: _____
City, State, Zip: _____
Contact Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____ URL: _____

Item Description:

Notes or Restrictions:

Expiration Date: _____

What is the estimated value of your donations? \$ _____

Return Donation Form with Donation Item by **August 31, 2021**

Harrisonburg Parks and Recreation
Attn: Matt Little
305 S Dogwood Dr
Harrisonburg, Virginia 22801 Matthew.Little@harrisonburgva.gov

For VRPS/COMITTE use only: Item# _____
SOLD TO: _____ AGENCY/COMPANY: _____
AMOUNT: _____ PAYMENT: _____ DATE: _____
Credit VRPS Service Area/Resource Group: _____