



FOOD DONATION FORM

_____ Wish to donate _____

For the **Mission for Maddie Benefit** to be held at 115 Bourbon Street on Saturday, November 15, 2008.
I understand I will be helping Maddie's family with this donation.

Name of Person/Family/Business: _____

Contact Person: _____

Address: _____

Phone Number: _____

Authorized Signature: _____

A Food Committee member will coordinate the details with a contact person.

I understand this donation will be expected at 115 Bourbon Street on Saturday, November 15, 2008 for the
Mission for Maddie Benefit at 2pm. to 7pm.

Pick-up/Delivery Date & Time: _____

Picked Up:	(Yes)	(No)
Delivered:	(Yes)	(No)

Contacts:

Ted Braun (773) 541-0208

Kevin Healy (773) 386-8100

Cheryl McKendrick (312) 907-3032

Mission for Maddie Benefit
Saturday, November 15, 2008
2pm to 7pm, 21 & over
115 Bourbon Street
3359 West 115th Street
Merrionette Park, IL 60803
\$30.00 per person

Visit www.missionformaddie.com for more information.