



CLA DONOR FORM TO SUPPORT LOG-A-LOAD

Please Print Name of Business or Donor

Name of Person Contacted _____

Address _____

City, State, Zip _____ Phone (____) _____

Fax (____) _____ E-Mail _____

Description of Item or Service

Signature of Donor

Estimated Value \$ _____

Signature of Solicitor Date Solicitor's Phone Number

(252)809-3057 Jonzi W. Guill 01/11/2022

____ Actual Item or ____ Gift Certificate – *expiration date: _____

(*required information)

Please give PICK UP instructions/ expected date of delivery/ any additional information.

****Items may be shipped to: Jonzi Guill, CLA, 3052 NC Hwy 32 South, Plymouth, NC 27962****