



## 2014 Gift Donation Form

Our company wishes to donate the following gift(s) for the prize drawings to be held in the exhibit area. Prize drawings will be held during exhibit hours Thursday, June 12 and Friday, June 13.

**Gift(s)**

---

---

**Please check one of the following:**

☐ Our company will send our gift(s) to the Association office prior to convention.

☐ A representative will bring our gift(s) to the convention registration desk.

**Company Name**

---

**Contact Person**

---

**Address**

---

**City**

**State**

**Zip**

---

**Phone Number**

**Fax Number**

**Email**

---

***Thank you for your contribution!***

\*\*\*\*\*

**Please mail, fax or email to:**

Celeste Reid, Arkansas Pharmacists Association, 417 South Victory Street, Little Rock, AR 72201  
fax- 501-372-0546 or email [celeste@arrx.org](mailto:celeste@arrx.org)