

**AUCTION DONATION FORM**



**DONOR INFORMATION**

Donor Name / Company (for publication purposes):

Donor Contact Name:

Address:

Phone:



**ITEM INFORMATION**

Item Name:

Item Description (to be included in auction catalog):

Retail Value =

\$

Expiration Date:

(If applicable)

Restrictions:  
(Limitations or special instructions. If blank, JDRF will assume no restriction.)

Item/Certificate accompanies donor for  Donor requests JDRF pick up donation week of: \_\_/\_\_/\_\_

Donor requests JDRF to make a certificate\*  Donor/Company will deliver or send to JDRF office on: \_\_/\_\_/\_\_

\*If JDRF will be creating a certificate for your item, please provide redemption instructions with contact information:



Donor Signature

Date

**Please submit form and item(s) by: May 1, 2020**

JDRF New Jersey Metro & Rockland County Chapter  
1480 US Highway 9 North, Suite 306 • Woodbridge, NJ 07095  
Phone 732-219-6654 • Fax 732-219-8722

If you have questions regarding donations, please contact Sarah Mustafa at [smustafa@jdrf.org](mailto:smustafa@jdrf.org)

*For office use only*

Item # \_\_\_\_\_

Solicited by: \_\_\_\_\_

Item Received:  Yes  No

Tangible Item  Certificate  CREATE certificate