



**JDRF - Spring Gala – April 30, 2016**

434 S. Yellowstone Dr., Suite 201, Madison, WI 53719

Phone: 608-833-2873 Email: [lfons@jdrf.org](mailto:lfons@jdrf.org) TAX I.D. #23-1907729

**AUCTION DONATION FORM – PLEASE RETURN FORM NO LATER THAN MARCH 30, 2016**

Donor/Company Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name to Appear in Catalog \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Basket in Honor of \_\_\_\_\_

**DESCRIPTION OF DONATION** *(Please give as much detail as possible - dates available, number of people/tickets, location, etc.)*

**RESTRICTIONS ON USE** *(Please state ANY limitations or restrictions with date/time, gratuity not included, advanced reservations needed)*

**DONOR STATED RETAIL VALUE** (must be completed for tax purposes) \$ \_\_\_\_\_

**EXPIRATION DATE** (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE CHECK ONE:**

My donation accompanies this form. (DONOR: Please include any appropriate display materials)

Please pick up item at \_\_\_\_\_ (location) by \_\_\_\_/\_\_\_\_/\_\_\_\_

Donor requests JDRF to make certificate.

**SOLICITOR NAME** \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**FOR OFFICE USE ONLY**

Category:	Item #:	Package #:
Date Received:	TY Sent:	
In GG (date and initial):	Item Location:	
Notes:		