



**JDRF - Spring Gala – April 29, 2017**

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, 2017**

Donor Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

**Contact Information** *(if different than Donor):*

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

Donor/Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

**Family Basket in Honor/Memory of** \_\_\_\_\_

**DESCRIPTION OF DONATION** *(Please give as much detail as possible – list of items included, number of people/tickets, location, etc.)*

**RESTRICTIONS/EXPIRATION** *(Please list ANY limitations/restrictions i.e. date/time, gratuity not included, advanced reservations needed, etc.)*

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

**FOR CERTIFICATES (CIRCLE ONE)** Donor Provided                      JDRF to Print

**SPECIAL INSTRUCTIONS** *(i.e. Item to be picked up, item will be mailed, etc.)*

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

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

**FOR OFFICE USE ONLY**

OFFICE NOTES
--------------

CATEGORY
----------

ITEM NUMBER
-------------