



Saturday, October 24, 2015

## AUCTION DONOR FORM

Donor or Company Name: \_\_\_\_\_

(PLEASE PRINT THE ABOVE INFORMATION AS YOU WOULD LIKE IT TO APPEAR IN THE PROGRAM)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Item Name: \_\_\_\_\_

Detailed Item Description (quantity, size, color, restrictions & other information to ensure proper understanding of item):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date of certificate, item or service: \_\_\_\_\_

(GIFT CERTIFICATES SHOULD BE VALID FROM October 25, 2015 THROUGH October 25, 2016)

Fair Market (Retail) Value: \_\_\_\_\_ Item Exchangeable: \_\_\_\_\_ Yes \_\_\_\_\_ No

I will provide gift certificate  Please create a gift certificate for this item based on the above information

**Please send certificate and/or item and display materials as soon as possible.**

*Display materials include catalogs, menus, business cards, posters, shopping bags or any other branded physical item that we can use to bring attention to your auction item. Upon request, display materials will be returned after the event to the address listed on this donor form.*

Solicitor (if applicable) \_\_\_\_\_

**For information contact:**

Martha Cronen, Project Manager  
Phone: (907) 317- 1389  
Fax: (303) 468-6061  
mcronen@globaldownsyndrome.org

**Please send this form, auction item and/or props to:**

Global Down Syndrome Foundation  
3300 E. First Avenue, Suite 390  
Denver, CO 80206

**Tax Exempt ID #: 26-4431001**

[www.globaldownsyndrome.org](http://www.globaldownsyndrome.org)