



Saturday, March 2, 2024 | The National Building Museum

## AUCTION ITEM DONATION FORM

### CONTACT INFORMATION

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

*Please list exactly as you would like to appear in materials and online.*

Donor Contact \_\_\_\_\_

Address \_\_\_\_\_

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

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

Website (if applicable) \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### Donated Item Description *(please include quantity, size, etc.)*

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### Requirements and Restrictions

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Estimated Item Value \_\_\_\_\_ Expiration Date *(if applicable)* \_\_\_\_\_

To make arrangements please contact: \_\_\_\_\_

Delivery by Donor    Donor to Provide Gift Certificate    Promo Material Available

Pickup by Auction Representative    Committee to Create Gift Certificate

Your signature on this form and our receipt of the auction item constitute an irrevocable gift to Children's National Hospital Foundation. Receipts for non-cash contributions do not include a dollar value; this is the responsibility of the donor, according to the Internal Revenue Service. For tax purposes, please seek guidance from a tax professional to determine the value of your charitable contribution.

### AUCTION/FOUNDERS AUXILIARY BOARD CONTACT

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### MAIL OR EMAIL YOUR FORM

ATTN: Nyla Beth Gawel  
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Bethesda, MD 20817  
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Questions about donating an auction item? Email or call Nyla Beth Gawel 202-412-5201