



A Vintage Affair

the
MELLON AUDITORIUM

AUCTION ITEM DONATION FORM

All fields required

CONTACT INFORMATION

Donor or Company Name _____

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)

REQUIREMENTS & RESTRICTIONS

Estimated Item Value _____ Suggested Minimum Bid _____

Expiration Date (if applicable) _____

Delivery by Donor

Donor to Provide Gift Certificate

Promo Material Available

Pick-up 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 / FOUNDER'S AUXILIARY BOARD CONTACT

Name _____

Phone _____

Email _____

EMAIL YOUR FORM TO:

Vintage@FoundersAuxiliaryBoard.com

QUESTIONS ABOUT DONATING AN AUCTION ITEM?

Email Vintage@FoundersAuxiliaryBoard.com

ONLINE FORM AVAILABLE HERE:

