

The Dysautonomia Project Gala

DONATION FORM

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4592 Ulmerton Road Suite 104 Clearwater, FL 33762

Detailed Item Description:				
Please provide details such as color, size, brand, etc. Any promotional or presentation materials or photos are appreciated.				
	Exp Date:			
Restrictions:	Item Value:			
Display at Auction	Donor to Prov	vide Gift Certificate	Auction to Pro	ovide Gift Certificate
Donor Information				
Name/Company:				
Contact Name:				
Address:		City:	State:	Zip:
Phone:	Fax:	Email:		
Name(s) for auction pro	gram:			
Office Use Only				
Item Entered: Additional Info:	by:			
Additional IIIIO.		Item Status:		

TDP reserves the right to defer the use of donated items for other fundraising events to benefit TDP.

To be delivered by: _____ date: ____

Item Location: _____

To be picked up by: _____ date: ____