



Fashion Across the Decades Auction Donation Form

DONOR INFORMATION

Company Name _____ Contact Name _____

Donor Name *(list exactly as you wish to appear in printed materials)* _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Name of individual for acknowledgement letter *(If different than Donor/Contact Name.)*

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

ABOUT THE AUCTION ITEM

Item Donated _____ Donor Stated Fair Market Value \$ _____

Donation Description

Please give detailed description as this will be used to write the program description. If extra space is needed, please attach description separately. (Examples: *color, quantity, size, etc.*)

Restrictions

Please state any limitations or special restrictions. If blank, Children's Hospital of Michigan Foundation will assume there are no limitations or special restrictions.

Expiration Date (if applicable): _____

Signature of Donor _____

Date _____

Signature of CHMF Representative _____

Date _____

I am unable to donate an item, but have included a donation in the amount of \$ _____.

PLEASE RETURN TO

Mail

Attn: Stephanie Gregory
Children's Hospital of Michigan Foundation
3911 Beaubien
Detroit, MI 48201

Fax
(313) 993-0119

Phone
(313) 964-6994

For office use only

Motive _____

Fund _____

Letter _____

Donor ID _____