

JDRF WESTERN WISCONSIN CHAPTER

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AUCTION DONATION FORM – PLEASE RETURN FORM BY MARCH 8, 2015 IF YOU WISH TO BE INCLUDED IN PROGRAM

Donor/Company Contact Name		Phone	
Email			
Name to Appear in Catalog			
Address			
City	State	Zip _	
Donor Signature		Date	
DESCRIPTION OF DONATION (Please give as much deta	ıil as possible - dates avai	lable, number of people/tick	ets, location, etc.)
Family Basket Theme:			
Family Basket In Honor Of:(child, family or Walk Team name) RESTRICTIONS ON USE (Please state ANY limitations or			
DONOR STATED RETAIL VALUE (must be completed for EXPIRATION DATE (if applicable)//	or tax purposes) \$		
My donation accompanies this form. (Do I will deliver item to the JDRF office by Please pick up item at Donor requests JDRF to make certificate.	(loc	ny appropriate display ma ation) by//	
SOLICITOR NAME		Phone	
Address			
Email			
FOR OFFICE USE ONLY			
Category		Procurement No.	Catalog No.
Date Received TY Sent			
In GG (date and initial)			
Notes:			