



Office Use Only
Item # _____
Category _____

Silent Auction 2009 Donation Form

Please Print

Mr./Mrs./Ms. _____ Title _____

Company (if applicable) _____

Complete Address _____

City _____ State _____ Zip _____

Phone _____ email address _____

It is with deep gratitude that the Dearborn Women's Expo acknowledges your generous support for our Silent Auction benefiting the Children's Leukemia Foundation of Michigan.

Donation Description

Please describe the item(s) in detail. Also specify any restrictions or expiration dates, if applicable.

Please Check One: Please Pick Up Donation on Date: _____ We will deliver to home office on Date: _____

Donor Signature: _____

Please give the actual value for IRS purposes: \$ _____

AN INKIND DONATION FORM WILL BE SENT TO YOU FOR YOUR TAX RECORDS

The Dearborn Women's Expo 19112 Outer Dr, Dearborn MI 48128 -- PHONE: 866.573.6067 / FAX: 313.406.6101

Thank you! Thank you! Thank you! Thank you! Thank you! Thank you! Thank you!