

Enriching Lives Everyday

AUCTION DONATION FORM

I would like to donate th	e following gift:	
Item name:		Value:
Description:		
Special Conditions: (e.g.	. expiration date, non trans	sferable, etc.)
Company Name:	Coi	mpany Contact:
Street Address:		
Phone:	Ema	nil:
Please note: Materials s	ent for display purposes m	nay not be returned.
The item may be deliver available to pick up the i ☐ Item delivered ☐ My Company ☐ My Company	ted to the GTF office or, unitem. Please indicate your to committee member will deliver the item to the will mail the item to the G	needed no later than two (2) weeks prior to the event. Inder special circumstances a volunteer may be preference for delivery of the item you are donating: EGTF office by TF office by Dlunteer on
I am not interested in spe\$100	onsoring the event but wor \$250\$500	uld like to make a donation in the amount of: Other Amount:
Please fax form to: Rita Michaels Fax: 770-457-7916	or mail to: Georgia Transplant l Attn: Rita Michaels 2201 Macy Drive Roswell, GA 30076	Foundation

For more information, contact Rita Michaels at 678-514-1180 or RMichaels@gatransplant.org.