

Auction Donation Form

Donated Item or Service: _____

Description of Auction Item: _____

Retail Value: _____

Expiration Date/Restrictions/Special Instructions:

Please make all certificates valid through September 30th, 2017

Donated by (Name as it will appear on printed material): _____

Company: _____ Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email Address: _____

HSMAI Volunteer Requesting Item: _____

Please mail donations no later than September 16th 2017

HSMAI Central Florida
C/O Jeff Chase
215 Celebration Place
Suite 520
Celebration, FL 34747

For Donation Pick-up Please contact
Jeff Chase
(407) 709-6176
jeff@athomevr.com