

**FRIEDREICH'S ATAXIA IN THE HEART
AUCTION ITEM FORM**

DATE:

ITEM DESCRIPTION:

"FAITH" PERSON ARRANGING THE DONATION:

DONOR:

(For tax purposes)

DONOR MAILING ADDRESS:

City:

State:

Zip:

ATTENTION:

PHYSICAL ADDRESS:

(if item is to be picked up)

_____ **City** _____

State _____ **Zip** _____

DONOR PHONE #:

(Need this for followup)

DATE ITEM IS TO BE RECEIVED AND LOCATION OF ITEM PRIOR TO EVENT:

DATE:

LOCATION:

FMV:

(Fair Market Value/Retail)

MINIMUM BID?? \$

Return to donor if minimum bid not attained? Yes / No

COMMENTS:

RESTRICTIONS: