



dedicated to finding a cure

2010 Dream Gala
May 1, 2010
Auction Procurement Form

DONATED BY:

Company/Individual Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

Company Website: _____ Email: _____

Name of Individual for Thank You (if different from Donor Contact Name): _____

Donor Name for Catalog (as it will be printed): _____

DESCRIPTION AND RESTRICTIONS:

Item Donated: _____ **Donor Stated Retail Value:** \$ _____

Description: *(i.e. color, quantity, size, number of people, etc.) Please complete as this will be used to write the auction catalog description.*

***Restrictions:** *State all limitations or restrictions (i.e. blackout dates, return/exchange restrictions, etc.). If left blank, JDRF will assume there are no restrictions. Please allow at least one year from May 1, 2010 for expiration dates.*

For Tangible Items:

- Item accompanies donor form
- Donor/Company will deliver or send to JDRF office on ___/___/___
- Donor requests JDRF pick up donation

For Intangible Items: (please include any display materials)

- Certificate accompanies donor form
- Donor will provide a certificate by ___/___/___
- Donor requests JDRF to create a certificate

FOR INTERNAL USE ONLY	
Procurement # _____	Package # _____
Catalog # _____	Certificate # _____
Item/Cert. Recd. Y N	Cert. Made _____
TY Sent _____	

Donations received after March 15, 2010 will not be included in the printed program.

SEND IN FORM:

Please complete the form and mail or fax to April Rosier by March 15, 2010 to be included in the program. For further information, please call 214-373-9808 or visit our website at www.JDRFDallas.org.

Address: 9400 N. Central Expressway, Suite 1201, Dallas, Texas 75231

Fax: 214-373-6337

Donor Signature: _____

(Donation will not be processed without donor signature)