



## Horizons Survivors Benefit Auction Donation Form - 2019

**Date of event: 9/6/2019**

Donor's Name (Contact Person):
Donated by (as it should appear in the program):
Address:
Telephone:
Email:

Name of Item/s:
Stated value of item/s donated:
Item/s detailed description, special comment and restrictions (Optional information for our event program): <hr/> <hr/> <hr/> <hr/>
<input type="radio"/> Anonymous Donation <input type="radio"/> Donor will deliver (date) _____ <input type="radio"/> Committee to pick up (date) _____  <input type="radio"/> Gift Certificate (Expiration Date: _____)

Donor's Signature:
Date:
Horizons Representative's Name:
Telephone:

**Thank you for your support! We will email you a copy of this form.**  
 Note: This donation was made without any exchange of goods or services.  
 Horizons is a 501(c)3 non-profit organization.