

Frisco Family Services

Gala 2018 - ONE

Saturday, March 3, 2018

AUCTION DONOR AUTHORIZATION FORM

FRISCO FAMILY SERVICES

Gala One
2018

COMMUNITY • PURPOSE • IMPACT

PRESENTED BY:  Texas Health
Presbyterian Hospital
PLANO

*Please **PRINT** and use one form for each item donated.

Company Name (Please provide name as you wish it to appear in publications.)

Contact First Name

Contact Last Name

Title

Address

City

State

Zip

Phone Number

Fax Number

Type of Business

Email Address

I would like to remain anonymous for this donation.

DONATION DESCRIPTION

Please provide a detailed description of the donated item:

Fair Market Value: \$ _____
Required

Stipulations: _____

Special Conditions, Restrictions, Expiration Date, Available Dates (Please note the date of the event is March 3, 2018.)

Delivery Instructions:

- Item Attached Will Deliver On: _____ Other: _____
 Please create a certificate for this donation

Display:

- I will email a picture of the item to be used in the auction video display to gala@friscofamilyservices.org
 No display material Non-returnable display material Please return this display material
*If your donation is not a physical item, we encourage you to provide a creative display, i.e. brochures, menus, display sign.
Display area is limited.*

The undersigned does hereby give and donate this item to Frisco Family Services as a charitable contribution, and Frisco Family Services does hereby accept all rights, title and interest in the property described. Frisco Family Services is a Texas non-profit charitable organization, qualified under Section 501(c)(3) of the IRS Code. Your contribution is tax deductible to the extent provided by law.

Donor Authorizing Donation

Fundraising Committee Member

Please Email, Mail or Fax form to:

P.O. Box 1387

Frisco, TX 75034

Phone 972-335-9495 | Fax 972-335-9487

gala@friscofamilyservices.org

Office Use Only

Item # _____ Date Entered _____

Location _____