

2019 Alzheimer's Association Purple Gala Auction Donation Form

The Purple Gala: May 4, 2019

Instructions: Please complete this form, sign below and return via fax, e-mail or mail to the Alzheimer's Association. Questions? Contact Laurel Bruesehoff, Development Specialist, at 952.857.0534 or lbruesehoff@alz.org.

This completed sheet must accompany all auction donations. Please type or print clearly.

DONATED ITEM: _____ **DONOR VALUE:** \$ _____

Brief Description - 50 Characters

DONATED ITEM DESCRIPTION: _____

Donors, tell us the wonderful details about this item.

RESTRICTIONS/LIMITATIONS (if any): _____

DONOR INFORMATION:

COMPANY OR DONOR Name: _____

Contact Person: _____

Phone: _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

E-mail / Web Site: _____

Individual and/or Corporate name under which you would like to be acknowledged in printed materials if other than above:

PLEASE CHECK ONE OF THE FOLLOWING:

- | | |
|--|--|
| <input type="checkbox"/> Actual item included with form. | <input type="checkbox"/> Donor will deliver item. (Date item will be delivered: _____) |
| <input type="checkbox"/> Gift certificate included with form.
(Expiration date: _____)
<i>Please allow a minimum of six months from date of event.</i> | <input type="checkbox"/> Item needs to be picked up. (Date item will be available for pickup: _____) |
| | <input type="checkbox"/> Other. Explain: _____ |

ITEMS MUST BE RECEIVED NO LATER THAN March 30, 2019 FOR PROGRAM RECOGNITION.

If available, please include material such as brochures, small posters, or business cards for display (*subject to space availability*) at the event. **Promotional Materials must be provided at the time of donation.** Materials provided:

I hereby acknowledge and agree to provide the above stated goods and/or services to the Alzheimer's Association, a nonprofit, sales-tax-exempt organization. (Federal TIN: 13-3039601) Contributions are tax deductible to the extent provided by law.

Donor Signature and Date: _____

FOR OFFICE USE ONLY Category _____ Item # _____ Pkg. # _____ **Solicited by:** _____

Alzheimer's Association Minnesota-North Dakota

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