

Magic
of **MOBILITY**
SILENT & LIVE AUCTION DONATION FORM

Yes, I/We want to help provide the transforming gift of mobility through the Magic of Mobility auction.

Donor(s) Name/Business (as it should appear in the program): _____

Contact: _____ Email: _____

Preferred Phone: _____ (circle one) Business Home Mobile

Street Address: _____

City: _____ State: _____ Zip: _____

(Steps 1-5 must be completed in order for auction item to be valid)

Step 1 – Describe the auction item: _____

Step 2 – List item restriction(s) and expiration (IF APPLICABLE): _____

Step 3 - Estimated Value of Donation: \$ _____

Step 4 – Indicate how this item is to be redeemed by the winning bidder

This is an item and the donor will take it on event night

OR

This item requires a certificate (check appropriate option below):

Auction item certificate enclosed (please include contact phone and email, as well as any restrictions or information relevant to redemption.)

FWM should create a certificate with the following redemption information:

Name of contact: _____

Phone number and email of contact: _____

Step 5 – Indicate how will you deliver the item to Free Wheelchair Mission?

Donation Enclosed

Call to arrange for pick-up

Will deliver by _____(date)

PLEASE FAX OR MAIL THIS COMPLETED FORM NO LATER THAN JUNE 22, 2012.



Free Wheelchair Mission®
TRANSFORMING LIVES THROUGH THE GIFT OF MOBILITY

Phone: 949-273-8470 (x 208), Fax: 949-273-8471 • www.freewheelchairmission.org

Federal Tax ID: 31-1781635

Your contribution is greatly appreciated and tax deductible as allowed by law.