Return this form to: American Heart Association Attn: Jennifer LeClair 5375 SW 7th Street Topeka, KS 66606 785.228.3435

## 2019 Manhattan Go Red for Women



	Deadline: Friday, April 19th Auction Item Donation Form
	Tax ID: 13-5613797
ed	I wish to rer

Donor Information: Required			I wish to remain anonymous.		
Contact Name:			Please do not list as donor in the company program.		
Business Name:			Please send me additional		
Address:			information on how to sponsor or purchase tickets to the event.		
City, State, Zip:			I would like to volunteer for the event.		
Phone:E-mail:			Please contact me.		
Item Information: Required					
Item(s) or Service:					
			<del></del>		
			<del></del>		
			<del></del>		
Donor's Estimated Value of Item: \$		_			
(The IRS requires AHA to provide this info to the buyer)					
Restrictions/Expiration of Item/Service:					
If Donation is a Gift Certificate:  Gift Certificate Enclosed  Please Have AHA Prepare Gift Certificate					
We regret that we are unable to donate an item, but we would like to make a contribution of \$					
Delivery Information: Required					
<ul> <li>Item accompanies donation form</li> <li>Donor to deliver to AHA office</li> <li>Please have AHA volunteer pick up</li> </ul> Item accompanies donation form Does item have display material? Yes No If yes, will the material need to be returned?					
This contract is valid for o	<u>ne year after auctio</u>	n date unles	s otherwise noted		
Signature of Donor:	Date:	Aud	ction Volunteer Contact:		
<del></del>					
For Office Use Only:					
Display materials to return: Y or N					