march of dimes®
signature chefs auction®

Monday, October 12, 2009
Hagerty Center 6:00 p.m.
Traverse City

2009 Donation Form

(Please fill out completely and fax or mail to the March of Dimes)
Please keep a copy of this form for tax purposes.

Date:		
Company:		
Contact Name(s):		
Address:		
City:	**State:**	**Zip:**
Email:		
Phone:	**Ext:**	**Fax:**
DETAILED description of each item		**$$$ Value**
Gift Certificates: we would like to request an expiration date of Oct. 12, 2010 (one year from event date). ☐ Item(s) to be mailed to the March of Dimes office ☐ Item(s) needs to be picked up by: _____		
Item secured by (name, phone #): _____ _____		
Office Use Only: Item to be used for: ☐ auction ☐ in-kind		**Procurement #**

Thank you for supporting the March of Dimes mission of improving the health of babies by preventing birth defects, premature birth and infant mortality. 501c3 13-1846366

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