

Queen of Hearts Luncheon
Honoring 2011 Queen of Hearts
Anna May Conese
Thursday, November 18, 2010

Auction Donation Form

Donated by: _____

Company name: _____

Company contact name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Description of donated item (please be specific and include all necessary information and details such as dates, sizes, restrictions, time frames, etc): _____

Fair Market Value \$: _____ Certificate (No Tax) _____ Item (Tax) _____

_____ Enclosed is a gift certificate.

_____ Please create a gift certificate.

_____ I will send the item to the Foundation by _____ (Date).

_____ Foundation should pick up the item by _____ (Date).

_____ Please contact me about auction item ideas.

_____ I am unable to send an item but would like to contribute \$ _____.
(Please make checks payable to Miami Children's Hospital Foundation)

This donation becomes the property of Miami Children's Hospital Foundation and is to be offered for sale at an auction, the proceeds of which go to the Foundation.

Auction items can be mailed or delivered to:

Miami Children's Hospital Foundation
Attention: Morgana Rolle
3000 SW 62nd Avenue
Miami, Florida 33155
786-624-2038 Phone
305-666-3078 Fax
Email: mrolle@mchf.org



OFFICE USE: Type of Gift: GIK Campaign: UNR Fund: QOH Appeal: QOH Package: DONATION

RE: _____ Prepared by: _____ DATE: _____