



Auction Form

Item/Experience Donated: _____

Company Contact: _____

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)

Please return Auction Form and/or contribution to:
Miami Children's Hospital Foundation | 3000 SW 62nd Avenue | Miami, FL 33155 | Fax 305-666-3078
If you have any questions, please call: Morgana Rolle | 786-624-2038 | mrolle@mchf.org

*Philanthropic support is vital to the success of Hugs & Kisses.
Thank you in advance for your support of what promises to be a wonderful event!*

Gifts to Miami Children's Hospital Foundation are tax deductible according to IRS regulation. Miami Children's Hospital Foundation, Registration No. CH2282, has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 1.800.435.7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATIONS BY THE STATE.

FOR OFFICE USE ONLY

Campaign: Unrestricted

Fund: HK

Appeal HKFA

Package HK-FA-Donation