

**Auto Show Gala 2020
AUCTION DONOR FORM**



**Benefitting
Special Olympics Wisconsin**

Donor Name _____ Title _____

Company Name (if applicable) _____

Address _____

City _____ ST _____ Zip _____

Donor Telephone _____ Donor Email _____

ITEM _____

Description of Item (please be as specific as possible) _____

Donation Value \$ _____ (Include a minimum acceptable bid if desired) \$ _____

Please check one of the following statements:

Item is enclosed Item needs to be picked up

Item will be dropped off or mailed to Special Olympics Wisconsin



How would you like to be listed in the ADAMM Gala Program? _____

Donor Signature _____

All gifts will be acknowledged in the Auction Program. Fair value of items donated may be eligible for a tax deduction.



PLEASE RETURN THIS FORM AND DONATION ITEM(S) TO

Attn: Christa Shields
Special Olympics Wisconsin
10224 N Port Washington Rd
Mequon, WI 53092
Tel: 608.442.5662 | Fax: 262.241.5334
E-mail: cshields@SpecialOlympicsWisconsin.org

ADAMM Gala Auction Committee / Special Olympics Wisconsin

Date Item Received: _____ Date Thank you Letter Sent _____

Auction Item Number: _____