



AUCTION DONOR FORM

October 24, 2022
The Lakes at Castle Hills

Please Print or Type

Date: _____

Type of Donation: [] Item [] Service [] Gift Certificate [] Other

Name of Donor: _____
As it will be listed in auction program

Company Name: _____

Contact Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Authorized Signature: _____

DESCRIPTION OF DONATION: _____

MISCELLANEOUS: (expiration date, location restrictions, blackouts, etc.) _____

VALUE: \$ _____ Required
(Fair Market Value)

Thank you for your support of the Texas Neurofibromatosis Foundation®. The information provided will enable us to be sure you receive the maximum exposure possible for your donated product or service.

Please keep a copy of this contract as your receipt of donation for tax purposes.

Texas NF Tax ID: 74-2138345

Deadline: **October 10, 2022**

Please submit this form to Rhonda Layton
Texas Neurofibromatosis Foundation®
511 East John Carpenter Freeway, Suite 500, Irving, TX 75062
Phone: 972-739-6086 Fax: 972-739-6087 Email: rlayton@texasnf.org

