

Silent Auction Donor Form

Tropical Nights

Benefiting the Center for Autism & Related Disabilities
at the University of Miami and Nova Southeastern University
Saturday, April 25, 2009 at The Biltmore Hotel

To be Completed by Donor:

Company Name: _____

Owner Name (if applicable): _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Item Description: _____

Restrictions (if any): _____

Fair Market Value: \$ _____ Expiration Date (if any) _____

Procurement/Delivery Instructions: (please check one)

Donation will be: Picked up _____ Date: _____

Mailed _____

Delivered _____

Donor Signature

Invitation Printing Deadline is February 14, 2009
Evening Program Journal Printing Deadline is March 14, 2009

To ensure inclusion in the Evening Program Journal,
please mail this form no later March 14, 2009
along with your gift certificate and/or instructions for obtaining item to:

"UM-NSU CARD/Tropical Nights"
5665 Ponce De Leon Blvd., P.O. Box 248768
Coral Gables, FL 33124-0725
or Fax to (305) 284 - 6555

If you have any questions, feel free to call us at (305) 284 - 9126 or go to

www.cardtropicalnights.org

UM-NSU serves over 4,300 families **Free of Charge**

For Internal Use Only:

Date: _____ Committee Member: _____

Received by: _____ Item #: _____