

## Auction/Raffle Donation Form

Thank you for your generous commitment. Please provide detailed information on the auction item you wish to donate.

Please email a .jpeg logo and an imag	ge of the item (if applicable) to kaitlyn.fitzgibbons@stju	ude.org by February 1, 2016.
Estimated Retail Value: \$		
Please note that while some items ma is required from the donor for tax pur	by be considered "Priceless," an estimated fair market poses.	value
Item Restrictions:		
Information for St. Jude on	how to collect the item:	
Company/Name		
Company Representative		
Please indicate how you or your busin	ess would prefer to be listed	
Address		
Address	State	Zip

Please submit your donation form by February 1, 2016 to Kait Fitzgibbons, Regional Event Specialist ALSAC/St. Jude Children's Research Hospital New England Regional Office 313 Washington Street, Suite 310, Newton, MA 02458 T 617-965-5262 • F 617-969-4480 • E kaitlyn.fitzgibbons@stjude.org

