AUCTION ITEM RESERVATION FORM

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

Auction Item Description:			
Item Value: \$			
Please note that while some items may be con	sidered "priceless," an estimated fair market value is require	ed from the donor for tax purposes.	
Item Restrictions:			
Donor Information:			
Company/Name			
Company Representative			
Please indicate how you or your business woul	d prefer to be listed.		
Address			
City	State	ZIP	
Telephone Number	Email Address		

For additional information, contact Renee Dunn.

ALSAC/St. Jude Children's Research Hospital 313 Washington Street, Suite 310, Newton, MA 02458

T 617-597-6000 • **F** 617-969-4480 • **E** Renee.Dunn@stjude.org



