<u>Please mail, email or fax to:</u> **American Heart Association**4798 S. Florida Ave, #183 Lakeland, FL 33813

AUCTION DONATION CONTRACT



PolkAHA@heart.org

BUS:(800) 257-6941 ext. 8032

FAX: (727) 563-8013

2016 Polk Heart & Stroke Ball

Donor Information: (Company/Individual) PLEASE PRINT CLEARLY Check here if you do not want your name listed in the Program. It will appear as Anonymous. Name to appear in program:			
Address:			
City, State Zip:			
Phone:	FAX:		Contracts Due By:
Email:	Website:		April 1, 2016
Contact Information: (if different from above)			
Name:			
Phone:	Email:		
Donation Information:			<u>Donor's</u> Estimated Value:
Item(s):			<u> </u>
			\$ \$
Detailed Item Description (Please include size, color, dates, number of people, etc.)			
Delivery Section: (must be filled in)	Special Conditions/Res	trictions:	
O Pick up by committee	(Unless otherwise noted, this contract is valid for one year after auction date.)		
O American Heart Association to generate gift certificate			
O Item/gift certificate accompanies donation form			
Does Item Have Display Material?	None Associated	O Non-Returnable	O Returnable
Signature of Donor	Date	C	committee Contact
For taxation purposes, this serves as a receipt for a non-cash contribution. No goods or services were provided in consideration of this gift. The amount deductible as a charitable contribution for federal income tax purposes is limited to the excess of the value of the contribution over the fair market value of goods and services provided by the American Heart Association in consideration of this gift. The fair market value of the goods and services provided was \$			
We regret that we are unable to donate an item but we would like to make a contribution of \$ to the American Heart Association.			
Thank You for Your Support!	For Office Use Only:	Event:	Auction #