



Auction/Prize Donation Form

Donation Deadline: Friday, February 14, 2020

Donor Contact Name: _____

Company/Organization Name: _____

Please list company name as you wish it to appear in printed materials

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ . _____ . _____ Email: _____

Description of Donated Item(s): _____

Restrictions (expiration dates, etc.): _____

Fair Market Value: \$ _____

- ☐ Item/gift card/ certificate accompanied
- ☐ Donor/Company will deliver or send to VAP office on ____/____/____
- ☐ Donor requests VAP pick up donation week of ____/____/____
- ☐ Donor will provide a certificate by ____/____/____
- ☐ I am unable to donate an item, but have included a donation in the amount of \$ _____

Please Return Form and Donation To: Victim Assistance Program
137 S. Main St., Suite 300, Akron, OH 44308 Or email mardigras@victimassistanceprogram.org

Questions, please contact Erin Cole, Director of Advancement at 330.376.7022 x210.



137 S. Main Street, Ste. 300 | Akron, Ohio | 44308 | 330.376.7022
www.biddingforgood.com/victimassistanceprogram/MG2020