



The Matthew Larson Foundation
for Pediatric Brain Tumors

AUCTION DONATION FORM

THURSDAY, SEPTEMBER 18, 2025

Ziegfeld Ballroom | New York, NY

www.ironmatt.org

DONOR INFORMATION (ONE ITEM PER SHEET)

Name of donor:

Company name:

Donor name (as you would like it to appear in printed materials):

Street address:

State:

Zip:

Telephone:

Fax:

Email:

DONATION INFORMATION (FOR GOLF PACKAGES, PLEASE USE THE SECTION BELOW)

Item donated:

Retail value:

Description:

Restrictions for donated item (i.e. expiration dates, travel requirements, etc.):

If the donated item requires a certificate, will you be providing a certificate? ☐ Yes ☐ No

If not, would you like IronMatt to provide that on your behalf? ☐ Yes ☐ No

Will you be mailing the actual item to the address below? ☐ Yes ☐ No

If not, do you need the item to be picked up? ☐ Yes ☐ No

GOLF PACKAGE DONATION INFORMATION

Course name:

Course street address:

State:

Zip:

Course telephone:

Course fax:

Club web site:

Email:

Number of golfers:

Cost of donation (for tax purposes): \$

Minimum bid amount: \$

Day/dates available:

Cart included? ☐ Yes ☐ No

Caddy included? ☐ Yes ☐ No

Lunch included? ☐ Yes ☐ No

Is the member information the same as listed above in the "Donor information" section? ☐ Yes ☐ No

If no, please provide name, address, telephone, and email:

Please return your completed form by August 29th to:

Kraft Event Management

131 Woods End Drive, Basking Ridge, NJ, 07920

phone (908) 221-0448 | fax (908) 221-1466 | email: jennifer@kraftevents.com or kelly@ironmatt.org

Please keep a copy of this for your records.

Thank you for your donation and continued support of The Matthew Larson Foundation.