



AUCTION DONATION FORM

Date : _____

Company Name: _____ Contact: _____

Address: _____

Phone: (____) _____ E-Mail: _____

Yes, we will donate the following products to the Gala auction:

Restrictions: Please include expiration date and/or blackout dates, deadlines, advance notices etc.

Expiration Date: _____ Estimated Value: \$ _____

Item Donation is included with this form Yes No

The item will be delivered to the NYC Hemophilia Chapter by: _____

Please make a Gift Certificate for this donation (please email your high-res logo)

Please list my company as follows: _____

Signature: _____

Please ensure donated item(s) are received no later than December 1st, 2023 to:

The NYC Hemophilia Chapter

500 7th Avenue (Mailroom 8A)

New York, NY 10018

The NYC Hemophilia Chapter is a non-profit 501(c)(3) organization (Tax ID# 26-1915425). Your donation is tax deductible to the maximum extent allowed by the law