

## **ITEM CONTRIBUTION FORM**

**Donor / Company Name**

Company Contact

Address

Telephone

Publicity authorized? Would like to remain anonymous?

Are there any restrictions on donation?

**Description of Donated Item**

**Value Assigned by Donor** $

***Please return this form to:***

Epilepsy Foundation of Indiana

Attn: Donations

3901 W. 86th Street Suite 380

Indianapolis, IN 46268

***Or to:*** [sarahelau@hotmail.com](mailto:sarahelau@hotmail.com)

[skppy72@gmail.com](mailto:skppy72@gmail.com)

**Delivery and display information:**

* I will send or deliver my item.
* I would like my item to be picked up.
* I will provide visual display for the auction.

**I would like further information on:**

* Corporate sponsorship
* Table sponsorship
* Purchasing individual tickets

*Epilepsy Foundation of Indiana, Inc. – Federal ID - 20-5609111 - All donations are tax deductible to the extent allowed by law. The donor is to establish the value for charitable tax deduction.*

**For office use only:**

Item number\_\_\_\_\_\_ Date Received\_\_\_\_\_\_\_\_\_

Date Acknowledged\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_