
##  **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

 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\_\_\_\_\_\_\_