



AUCTION/PRIZE DONATION FORM
To benefit Chicago Diabetes Project
In partnership with Special Kids Network
2019 Poker and Casino Night
Event Date: Saturday, September 21, 2019
Event Location: The Estate by Gene & Georgetti
9421 W. Higgins Road, Rosemont, IL 60018

Donor Information: This information **MUST** be filled out to receive the donation receipt.

Donated courtesy of: _____
(as it should appear in all print materials)

Contact Name: _____ Phone: _____
(individual(s) who should receive the acknowledgment letter)

Email: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip code: _____

Item Information:

Description of Item (include as many **specific details** as possible)

** Please send any applicable marketing materials with your certificate or item.*

Value of Item: _____ (required for IRS purposes)

Restrictions:

- Expiration Date: _____
- Valid from: _____ to _____
- Gratuity: ___ Includes ___ Does Not Include
- Tax: ___ Includes ___ Does Not Include

- Certificate included
- Please create a certificate for this item

Contact Name: _____
Contact Phone: _____
Contact Email: _____

Other restrictions:

PLEASE TURN IN COMPLETED FORM & ITEM BEFORE FRIDAY, SEPTEMBER 13TH

Delivery Information:
Prize Coordinator: Alycia Sale
216 Kenmore Avenue | Deerfield, IL 60015

If you have questions, please contact Alycia Sale at atasale23@gmail.com
or Jennifer Cook at jenny@chicagodiabetesproject.org