

Gift Donation Agreement

Our annual fundraiser event will take place on **Sunday, July 30, 2017**, at the Wintergarden Plaza within the NewYork-Presbyterian Morgan Stanley Children's Hospital.

Donor Name: _____

Company Name: _____

Donation Item: _____

Description: _____

Donor's estimate of or the fair market value: _____

(This estimate is only to assist the Auction Committee Members in listing a value for the donated item. The Charna Radbell Foundation, by law, cannot establish values, and we suggest that you consult with your tax advisor regarding charitable deductions.)

Donation authorized by: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Donor's Signature: _____

(By signing, I agree to donate the above stated item.)

Special instructions or other conditions:

(When determining expiration dates, please remember that the event will be held in July of this year.)

Solicited by: _____ Phone: _____ Date: _____

Check appropriate selection:

- Donor to mail or deliver item by the following date: _____
 Gift Certificate / letter enclosed

Please send this completed form with the donated item(s) by **July 19, 2017**.