

WINGS OVER WALL STREET®

TO BENEFIT



AUCTION DONATION FORM

PRESENTED BY



MT Pharma America

Auction Item Information

Item Name _____

Complete Item Description **(Please be as specific as possible. Include information such as: size, color, style, quantity, expiration date, any special exclusions, handmade, limited edition, one-of-a-kind, special-interest information, etc.)**

Special Restrictions _____

Item Value _____ Expiration Date(s) _____

Donor Information

Item Secured By _____

Contact Name _____ Title _____

Donor Company _____

(This is the name that will be used for recognition, where appropriate.)

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Email _____ Website _____

Return this form by October 2, 2017 along with your donated item to:

Muscular Dystrophy Association

June Jones | Jjones@mdausa.org

11 East 44th Street, 17th Floor • New York, NY 10017

P: 212-682-5272 • F: 212-682-5419

wingsoverwallstreet.org



For Office Use Only

Category

- Live Auction
- For the Home
- Lawn & Garden
- Kids
- Getaways
- Him & Her
- Sports
- Out & About
- Entered in Maestro

- | | | |
|---|------------------------------|-----------------------------|
| Is the donation at the MDA office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the donation a gift certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does MDA need to create a certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the donation require pickup? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the item need to be framed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any cost associated with the item? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there special display needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If so, explain: _____
