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NYJTL Summer Gala

Auction Donation Form

Donor's Name: (Please Print)	Company Name: (Please Print)		
Donor's Address	Zip	Phone	
Donor's Signature			
DESCRIPTION OF ITEM/SERVICE:			
	RETAIL VALUE:		
ADDITIONAL INFORMATION: (If applicable, designate item restrictio	ns / specific use dates, etc.):		
Please Check One:			
Donor to mail / deliver item by:	Name of Gift	Solicitor	
NYJTL to call donor to arrange item pickup			
Copy of this form to act as Gift Certificate	Date		
Please return this form to the NYJTI	_ office. Donors should retain cop	y for their records.	

NYJTL Attn: Special Events 58-12 Queens Boulevard; Suite 1, 59th Street Entrance; Woodside, NY 11377 Tel: 718-786-7110