



## Auction and Opportunity Drawing Donation Form

*Please fill out completely and return to the Down Syndrome Association of Orange County by **May 28**, along with your donated item(s) so the organization can appropriately acknowledge your gift.*

**Donor's Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone # (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**Is this a Corporate Donation?**

If so, please list the Company that should be recognized:

\_\_\_\_\_

*For DSAOC  
Use only*

| # of Items         | Description and Minimum Bid Suggestion | Market Value | Market Value | Final Bid |
|--------------------|--|--------------|--------------|-----------|
|                    |  | \$           | \$           | \$        |
|                    |  | \$           | \$           | \$        |
|                    |  | \$           | \$           | \$        |
|                    |  | \$           | \$           | \$        |
|                    |  | \$           | \$           | \$        |
|                    |  | \$           | \$           | \$        |
|                    |  | \$           | \$           | \$        |
| <b>Total Value</b> |  |              | \$           | \$        |

*I would like to donate items for the **golfer gift bags**. I understand I need to provide at least **152** items to ensure 1 item per gift bag.*

Brief description of item(s) for gift bags:

Approx Value  
per item

\$

**Please forward all donations to the DSAOC Center:**

DSAOC – Attention Kellie Perez  
 151 Kalmus Drive, Suite M-5  
 Costa Mesa, CA 92626

(714) 540-5794 phone  
 (714) 540-5872 fax  
**TAX ID# 95-3497922**

Received by \_\_\_\_\_ Date \_\_\_\_\_  
*DSAOC Staff Signature*

Added to Auction List