Texas Central Hemophilia Association
12700 Hillcrest Rd., Suite 191
Dallas, TX 75230
(972) 386-3865 / Fax (972) 386-4211
www.texcen.org
Tax ID#: 75-1187148

AUCTION DONATION FORM

FOR OFFICE USE ONLY	
ITEM NO.	CATAGORY
SOLICITED BY	BASKET ID
DATE FORM REC'D	DATE RECEIPT SENT

Donor Name	**Name to be listed in printed materials**	
Contact Name	**Phone**	**Email**
Street Address	**City**	**State / ZIP**

DONATION DESCRIPTION (Please provide details such as quantity, size, color, expiration date, etc.)

Value of donation: $ _____ *Donor responsible to state fair market value to comply with IRS regulations.*

Please check appropriate statement(s):

☐ Donor gift certificate attached _____ *(expiration date)*

☐ Please prepare an auction certificate for me _____ *(expiration date)*

☐ I will deliver my item by _____ *(date)*

☐ Please pick up my item by _____ *(desired date)*

Other instructions:

YES! I would like to purchase _____ ticket(s) to the event. Please send me an invitation to the above address!

I SUPPORT THE TEXAS CENTRAL HEMOPHILIA ASSOCIATION in its charitable work benefiting those affected by a genetic bleeding or clotting disorder in North Texas.

Please find enclosed my cash contribution of $ _____

Donor Signature: _____

Date: _____

We appreciate your support! Your gift is tax deductible to the extent provided by law.