Muscle Team

MDA <CITY> MUSCLE TEAM AUCTION DONATION FORM

Printed Program Deadline: Month XX, 20XX

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 (Committee Member)_____

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 along with your donated item to this address:

Muscular Dystrophy Association
Name – name@mdausa.org
Address, City, State ZIP
P: (XXX) XXX-XXXX · F: (XXX) XXX-XXXX

For Office Use Only

Category

- ☐ <Category>
- ☐ <Category>
- ☐ <Category>
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- ☐ <Category>
- ☐ Entered in Maestro

Is the donation at the MDA office?	☐ Yes	☐ No
Is the donation an item?	☐ Yes	☐ No
Is the donation a gift certificate?	☐ Yes	☐ No
Does MDA need to create a certificate?	☐ Yes	☐ No
Does the donation require pickup?	☐ Yes	☐ No
Does the item need to be assembled?	☐ Yes	☐ No
Does the item need to be framed?	☐ Yes	☐ No
Is there any cost associated with the item?	☐ Yes	☐ No
Are there special display needs?	☐ Yes	☐ No

If so, explain: _____

_____