



Kidney Gift of Life Gala

MARCH 20 2010

Silent Auction Donation Form

Donation from: _____
(As you would like it to appear in the official event program book.)

Contact Person: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Item Description: _____

Approximate Retail Value of Item: \$ _____

Date Restrictions *(if applicable)*: _____

Transportation of article: Donor will send/deliver: _____ Date: _____

NKFALL to pick up: _____ Date: _____

Contributions totaling **\$50 or more** will be acknowledged in the event program book if this form is received in the NKFALL office by **Friday, March 5, 2010**

The NKFALL reserves the right to accept or decline any item or service donation. All contributions become the property of the NKFALL unconditionally. Please consult with a tax advisor regarding the deductibility of any gift.

Please complete and return this form to the NKFALL, 700 Fifth Avenue, 4th Floor, Pittsburgh, PA 15219 or via fax: 412-261-1405. You may wish to keep a copy for your records.

Questions may be directed to Emily Holewinski, 412-261-4115 or algintern2@kidney.org.