

# AUCTION ITEM, RAFFLE & WINE DONOR FORM

# WISH NIGHT®

Annual gala benefiting Make-A-Wish® Wisconsin

## Donor Information

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

Company Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name to be listed in Program Book? \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Detailed Item Description (for promotional use)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Special Instructions, Restrictions, Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For Make-A-Wish® Use

Date Item Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Acknowledgement Sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Added to Mailing List: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Item Assigned to:

- Voice Auction       Super Board Auction  
 Silent Auction       Wine Pull  
 Raffle

Auction Item Number: \_\_\_\_\_

## Type of Donation

- Product       Certificate Enclosed  
 Service       Certificate Prepared by Make-A-Wish®  
 Cash

## Suggested Retail Value of Donation

(determined by donor) \$ \_\_\_\_\_

## Non-Returnable Display Items Provided?

- Yes (describe): \_\_\_\_\_  
\_\_\_\_\_  
 No

## Donation Pick-up/Delivery

- Item sent with this form  
 Donation will be delivered to the Make-A-Wish office:  
11020 W. Plank Court, Suite 200, Wauwatosa, WI 53226  
 Please pick up my donation

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

Contact Phone: \_\_\_\_\_

Pick-up date/time: \_\_\_\_\_

Pick-up Location: \_\_\_\_\_  
\_\_\_\_\_

