

2011 BMA Colorado Auction Donation Form November 17, 2011

aucti	se complete this entire form exactly as you would like the ion items. or or Company Name			ur online catalog o
	tact Person			
	et Address			
City	State,	State, Postal Code		
Telep	phone Fax			
Emai	il			
	nplete description of donated item(s). Please be s s, special exceptions and/or restrictions.	specific, itemize	each arti	cle, including
	Item		\$ V	alue
1. 2.				
3.				
4.				
	Use reverse side of form if more room is a check here if you do NOT want your name published in the ions for redemption or delivery (select one):			
	Donor will accept a photocopy of the form as a voucher purchaser.	for redemption of	of the abov	re named item(s) by
	Donor will provide a gift certificate or letter redeemable	e for the above na	med item((s).
	Item(s) will be delivered to		on	
	BMA Member's Item(s) to be picked up at	Name	on	date
	Company Name & Pic	ckup Location	on	date
(Desi	ou like, please include a jpeg of the donated item, or a jpeg sired format is 200 pixels wide by 72 dpi, jepg format). completing this form, I agree to donate the above listed ite ion. (All donated items or services are tax-deductible.)			
Date	Signature of Donor			

Please FAX this form to Marilee Yorchak, BMA Colorado, 303.969.8320 or email to marilee@bmacolorado.org. To ensure submission of your donation into all BMA materials, please return form no later than November 14, 2011.

