

2009 BMA Colorado Auction Donation Form November 19, 2009

Please complete this entire form exacution items. Donor or Company Name		-		
Contact Person				
Street Address				
City	State,	Postal C	ode	·
Telephone	Fax			
Email				
Complete description of donat sizes, special exceptions and/or		e be specific, ite		
				lse Only
Item	1	\$ Value	Silent #	Live #
1.				
3.				
4.				
Check here if you do NOT want Options for redemption or deli	-		atalog	
Donor will accept a photocopy purchaser.	y of the form as a ve	oucher for redemp	tion of the abo	ove named item(s) b
Donor will provide a gift certi	ficate or letter rede	emable for the abo	ve named iten	n(s).
Item(s) will be delivered to			on _	
Item(s) to be picked up at	BMA Mer	BMA Member's Name		date
	Company Name & Pickup Location		date	
If you like, please include a photo of (Desired format is as a jpg file that i			company logo	to be displayed.
By completing this form, I agree to Auction. (All donated items or servi			ices to the 200	99 BMA Colorado
Date Sig	nature of Donor			
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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 16, 2009.