

**DONOR INFORMATION**



**F I O F E S T**

**2 0 1 1**

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

Company/Business: \_\_\_\_\_

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

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

Donor name as it should appear with the item:

\_\_\_\_\_  Anonymous

**AUCTION ITEM INFORMATION**

Item Enclosed     Donor will Deliver     To Pick Up

Approximate Cash Value \$ \_\_\_\_\_  N/A

*Please give a complete description for use in the event program.*

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

**GIFT CERTIFICATE INFORMATION**

*Special Instructions or Restrictions:* \_\_\_\_\_  
\_\_\_\_\_

*This donation will be used for fundraising purposes only. All proceeds benefit The Michael A. Fiorelli Foundation for Esophageal Cancer Awareness, Inc.. Donations are tax deductible to the extent of the law. Thank you for your generosity.*

Donor Signature: \_\_\_\_\_

Solicitor Signature: \_\_\_\_\_

**For Office Use Only**

Date Received: \_\_\_\_\_  
Acknowledged: \_\_\_\_\_  
Category: \_\_\_\_\_

Donations can be sent to:  
Baker Koppleman  
12225 Garrison Forest Rd.  
Owings Mills, MD. 21117  
410-654-2338