



AUCTION DONATION FORM

Saturday, January 25, 2020

Hyatt Regency Jacksonville Riverfront

For more information about the event visit anightforheroes.com

CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

I would like to donate the following items to the *A Night for Heroes* gala:

Item Description:

Restrictions or special conditions: _____

Expiration date: _____

Fair Market Value \$ _____

_____ Please send me an invitation to *A Night for Heroes*

_____ I am interested in supporting *A Night for Heroes* as a sponsor, please contact me.

Donor Signature _____ Date _____

Please submit items by December 15, 2019

PLEASE RETURN THIS FORM ALONG WITH YOUR DONATION TO:

UF Health Jacksonville
Office of Development
580 West 8th St., P-20
Jacksonville, FL 32209

Please include brochures, photos, menus or programs if applicable.

TO MAKE ARRANGEMENTS FOR DELIVERY OR PICK-UP PLEASE CONTACT:

Development@jax.ufl.edu or 904.244.1061.

Shands Jacksonville Medical Center d/b/a UF Health Jacksonville is a registered 501(c)(3) non-profit organization.