



## AUCTION DONATION FORM

Saturday, February 23, 2019

Hyatt Regency Jacksonville Riverfront

*For more information about the event visit [anightforheroes.com](http://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 January 23, 2019**

**PLEASE RETURN THIS FORM ALONG WITH YOUR DONATION TO:**

UF Health Jacksonville  
Office of Development  
580 West 8<sup>th</sup> 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](mailto:Development@jax.ufl.edu) or 904.244.1090.

*All donors will receive a letter of acknowledgement for tax purposes once an item is received.*

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