



Steps Towards a Cure: (location)

Auction / Raffle Item Contract

Name (as it should appear in materials): _____

Primary Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Signature: _____ Date: _____

Your signature certifies that you have received nothing of value in exchange for this donation.

DSF's Tax ID# 27-0924627

Donated Item and/or Service

ITEM DESCRIPTION (please include brochures, menus, photos, certificates or other materials)

RESTRICTIONS/EXPIRATION DATES (donations are valid for 1 year from event unless otherwise stated)

ESTIMATED MARKET VALUE (required) \$ _____

Please retain a copy of this form for your records and return the original to:

Event Coordinator

Questions?

Contact Misty

By email: misty@dravetfoundation.org