

AUCTION DONATION FORM



Donation Date

___/___/___

www.nvfs.org

Donor: _____

Contact name (Mr./Mrs./Ms.): _____
Circle One

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Website: _____

Donation Type: ___ Gift Certificate/Letter ___ Item ___ Cash Donation

Please describe donation (including any restrictions): _____

Visual displays (business card, brochures, etc.) to accompany your item are welcome!

Estimated fair market value of donation : \$ _____ **(Required)**

Your donation is tax-deductible!* Please provide an amount for our records and yours. You will receive a letter of acknowledgement after the event.

Donation is: ___ Enclosed ___ Needs to be picked up ___ Will be delivered by Donor

Please return this form to:

Northern Virginia Family Service

Attn: Development - Gala Auction

10455 White Granite Drive, Ste. 100

Oakton, VA 22124

703.385.5176 fax

Questions? Contact NVFS Development at 571.748.2537.

*Thank you for your donation to Northern Virginia Family Service (NVFS)! No goods or services were exchanged for this donation. Northern Virginia Family Service (NVFS) is a 501(c)(3) nonprofit with Internal Revenue Code EIN 54-0791977. By law, NVFS cannot affix a value to donated in-kind goods or services. This is the privilege and responsibility of the donor. PLEASE KEEP THE YELLOW COPY OF THIS FORM. It serves as official record of your in-kind donation to NVFS. Each donation is a gift to the entire mission of NVFS and will be utilized where needed most.

NVFS USE ONLY: _____
(NVFS Representative - Print Name)

White - Northern Virginia Family Service; Yellow - Donor