



SIXTH ANNUAL BENEFIT
JUNE 18, 2013

MANDARIN ORIENTAL
NEW YORK, NY

AUCTION DONATION FORM
(ONE SHEET PER ITEM)

DONOR NAME (AS YOU WOULD LIKE IT TO APPEAR IN PRINTED MATERIALS):

COMPANY NAME:

ADDRESS:

TELEPHONE:

FAX:

EMAIL:

ITEM DESCRIPTION:

PLEASE CHECK ONE:

A GIFT CERTIFICATE/ITEM IS INCLUDED.

PLEASE CREATE A GIFT CERTIFICATE FOR MY DONATION.

DOES THIS ITEM HAVE A CERTIFICATE OF AUTHENTICITY? Y N N/A

ESTIMATED VALUE: _____

EXPIRATION DATE, RESTRICTIONS, AND SPECIAL INSTRUCTIONS/CONDITIONS:

PLEASE RETURN THIS FORM AND YOUR DONATION TO:
KRAFT EVENTS, 131 WOODS END DRIVE, BASKING RIDGE, NEW JERSEY 07920
T: 908 221 0448 F: 908 221 1466 E: JENNIFER@KRAFTEVENTS.COM