

at the NewYork-Presbyterian Morgan Stanley Children's Hospital

Gift Donation Agreement

Our annual fundraiser takes place every summer in the Wintergarden Plaza which is located inside the NewYork-Presbyterian Morgan Stanley Children's Hospital. If you would like to donate an item for our auction in order to help raise funds for Charna's Kids Club, please fill out this form and mail it to us along with your donated item(s).

Donor Name:			_				
Company Name: Donation Item: Description:							
				(This estimate is only to a	ssist the Auction Committee Members	in listing a value for the donated item.	_
					ndation, by law, cannot establish valu ng charitable deductions.)	es, and we suggest that you consult with	
Donation authorized by:			_				
Phone:	Fax:	Email:	_				
Address:			_				
City:	State:	Zip:	_				
Donor's Signature:(By signin	g, I agree to donate the above state	Date: d item.)	_				
Special instructions or other (When determining expiration		e event will be held in the month of a	luly.) –				
Solicited by:	Phone:	Date:	_				
Check appropriate selection	:						
□ Donor to mail or d□ Gift Certificate / I	-	re:	_				
Places sand this completed f	form with the donated item(s) by	v luly 1st					