



CHABAD OF TRIBECA JEWISH CENTER: AUCTION DONATION FORM

SOLICITOR'S NAME _____ EMAIL _____

DONOR INFORMATION

DONOR/COMPANY (as you want it to appear in auction materials)

CONTACT PERSON(S) _____ EMAIL _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

DETAILS OF DONATION

DESCRIPTION: Please describe the item to be donated and include a picture, or email picture to benefit2016@chabadoftribeca.com

ESTIMATED VALUE OF DONATION _____

EXPIRATION DATE (If applicable) _____

SPECIAL INSTRUCTIONS FOR REDEMPTION (i.e. blackout dates)

DELIVERY: I will deliver to Chabad of Tribeca I will mail to Chabad of Tribeca

CERTIFICATES ARE NECESSARY FOR SERVICE ITEMS:

Certificate will be emailed Certificate will be mailed Chabad of Tribeca should create a certificate

Donor Name

Signature

Date

*Chabad of Tribeca greatly appreciates your donation and has the right to use this item(s) at future fundraising events