# AUCTION DONATION FORM
# TICKET FORM

**Yes, _____ would like to support**
***(Donor or company name)***

**the Coral Gables Woman's Club and the May Van Sickle Children's Dental Clinic by contributing the following by Monday, February 27, 2012**

_____
***(Description of item being donated)***

_____

**Retail value of donated item**: _____**Expiration Date (if applicable): _____**

**Name of donor**:_____
**(Corporate or individual name)**

**Contact Person / Contact Information:** _____

**Company: _____**

**Address: _____**

_____

**Phone:**_____ E-mail address:_____

**Reception and Silent Auction to be held March 3, 2012, sponsored by The GFWC Coral Gables Woman's Club.**

_____
**Member Name**

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**____I/We would like ___ tickets @ $25.00 per person and please mail to us.**
**____I/We would like ____tickets @ $25.00 per person hold at Will Call.**
**____I/We cannot attend but would like to donate $_____**

MC or Visa Credit Card #_____Exp. Date_____

**Authorized signature**:_____
**Signature here** **Print name here**

**The Coral Gables Woman's Club, Inc. is a 501 (c) (3) non-profit organization. All contributions are tax deductible to the full extent allowed by law. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352. Registration does not imply endorsement, approval or recommendation by the State.**

**We thank you for your support!**