5th Annual
Brianna Marie Foundation 5K

Silent Auction & Raffle Contribution Form:

I would like to donate the following gift(s) to the Brianna Marie Foundation:

_____

Detailed item description: _____

_____

_____

Retail value: $_____ Is item exchangeable? Yes No Expiration date: _____

Special instructions and/or restrictions: _____

_____

_____

Please print company or individual name as you would like it to appear in the auction program:

_____

*(Deadline for inclusion in printed program is **February 15, 2017**)*

Item delivery method:

- ❑ I will messenger or mail gift to Brianna Marie Foundation by _____.
- ❑ I will have gift available for pick-up anytime after _____.
- ❑ I would like the Brianna Marie Foundation to generate a certificate.
- ❑ Certificate/item is attached.

Donating company/individual:

Name: _____

Contact person (if different from donor): _____ Title: _____

Mailing address: _____ Email: _____

_____ Phone Number: _____

Would you like to receive an in kind donation receipt? Yes: _____ No: _____

Signature: _____ Date: _____

Please Return This Form To:

Brianna Marie Foundation

PO Box: 410402

Melbourne, FL 32941

Phone: (407) 342-8979

Email: contactus@briannamariefoundation.com

Website: www.briannamariefoundation.com

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