

Donation Form For Raffle/Auction and In-Kind Items/Services

Company Name:				
Donor Name for Bid S	heet and Program:			
Contact First Name: _		Contact Last Name:		
Phone:	Em	Email:State:Zip:		
Address:			State:	Zip:
Delivery: Donor	□ Representative □	Other (specify)		
Please check box that	applies: Gift Certificate	e 🗆 Merchandise	□ Other Iten	ns/Services
•	service, an item you create ocket costs below, if any, a			
Fair Market Value \$		Out of Pocket Costs \$		
Restrictions:			Exchangea	ble: □ Yes □ No
	ease include size, color, and all limitation/black o	• •		umber of items offered,

To ensure inclusion in printed materials, your donation must be received before: April 6, 2018.

To the Donor: A tax deduction for a charitable contribution for federal and state income tax purposes is limited to the Fair Market Value of the item if you contribute personal property. For services and partial interests, there may be no deduction, or it may be limited to your out-of-pocket costs. Lost profit is not tax-deductible. Please check with your tax counsel as to the tax deductibility of your gift.

Thank you for supporting San Diego Children's Discovery Museum!

Mail, drop off or email this completed form to:

San Diego Children's Discovery Museum 320 North Broadway Escondido, CA 92025 Attn: Viva Mexico Spring Gala Donation

Phone: (760) 233-7755 x1014

JennaN@sdcdm.org