



Silent Auction & Chance Drawing
Item Donation Form

Business Name (as you'd like it to appear in the Program): _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email: _____ Fax: _____

Description of Donated Item(s): _____

Value of Donated Item(s): _____

Day of Caring for Breast Cancer Awareness Tax ID #: 01-0889118

Please send donation(s) no later than March 14th to:

Day of Caring for Breast Cancer Awareness

c/o Details Etc. Inc.

14590 SW 98th Court

Miami, FL 33176

Thank you for supporting the *Day of Caring for Breast Cancer Awareness*.

Acknowledged by: _____ Date: _____

If you have questions or need additional information, please contact: Amy Simons at 305-278-0894.

WHITE ORIGINAL COPY: to Donor for taxes
YELLOW COPY: to Day of Caring