



## *Gala Auction Item Donation Form*

*SIUE School of Nursing*

---

**Contributor's Name (If Individual)**

---

**Contributor's Name (If Organization)**

**Contact Name**

---

**Address**

---

**City**

**State**

**Zip**

---

**Daytime Phone Number**

**Email Address**

**Item(s) or service(s) donated to the School of Nursing—(please describe):**

---

---

---

**IMPORTANT**

Please attach a receipt or other documentation as to the market value of your donation for tax reporting purposes.

**Market Value of Donation: \$** \_\_\_\_\_

---

**Signature of Donor**

Thank you for supporting our students with your donation! You are making a difference in their lives and the future of quality health care for us all.

**Deadline for donations: March 31, 2009**

Please mail form to SIUE School of Nursing, Attn: Kris Heather, Campus Box 1066, Edwardsville, IL 62026-1066. We will contact you to arrange item pickup, if necessary. Questions? Contact Kris at [kheathe@siue.edu](mailto:kheathe@siue.edu) or (618) 650-2551.