

# MHAFC 2007 Online Auction Donor Form

PLEASE FAX THIS FORM TO MHAFC AT 614-221-1491

Mental Health America of Franklin County, Inc.

538 E. Town Street, Suite D

Columbus, OH 43215

Phone 614-221-1441

Fax 614-221-1491

Federal Tax ID Number 31-4412697

Contact name \_\_\_\_\_

Company donating item \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

Donated Item

Estimated value of item \_\_\_\_\_

Suggested minimum bid \_\_\_\_\_

List any restrictions on item (e.g. expiration dates, blackout periods, shipping, etc.)

Shipping Details

Description of item for website

Description of company for website

Signature of Donor \_\_\_\_\_

MHAFC Volunteer requesting item \_\_\_\_\_