



Silent Auction

Annual **Embrace the Vision** Gala

All proceeds from this event will benefit the children and families of Dr. Gigi's Raise Me Up Foundation

**To be completed by Company or Individual Donor
NO GOODS OR SERVICES WERE RECEIVED IN EXCHANGE FOR THIS DONATION**

Company Name/Individual's Name: _____

Owner Name (if applicable): _____

Contact Person: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

Item Description: _____

Restrictions (if any): _____

Fair Market Value: \$ _____ Expiration Date (if any): _____

Procurement/Delivery Instructions: (please check one)

Donation will be: Picked Up Date: _____

Mailed

Delivered Donor Signature _____

If gift \$5,000+, Donor has been informed of IRS 8282 policy: **Donor Initials** _____ **Date** _____
If gift \$5,000+, Donor is filing IRS Form 8283: Yes / No
If "Yes", attach Form 8283 for RMUF signature.
If donor is not filing Form 8283 for a gift of \$5,000 +, donor must acknowledge in writing.

Dr. Gigi's Raise Me Up Foundation
3800 SW 108 Avenue
Miami, Fl. 33165
You may also Fax this form to (305) 552-1211