



## Muscle Team

### Auction Item Information

Item Name \_\_\_\_\_

Complete Item Description **(Please be as specific as possible. Include information such as: size, color, style, quantity, expiration date, any special exclusions, handmade, limited edition, one-of-a-kind, special-interest information, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Restrictions \_\_\_\_\_

Item Value \_\_\_\_\_ Expiration Date(s) \_\_\_\_\_

### Donor Information

Item Secured By (Committee Member) \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Donor Company \_\_\_\_\_

(This is the name that will be used for recognition, where appropriate.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Return this form along with your donated item to this address:**

### For Office Use Only

#### Category

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- Entered in Maestro

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|---|------------------------------|-----------------------------|
| Is the donation at the MDA office?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the donation an item?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the donation a gift certificate?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does MDA need to create a certificate?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the donation require pickup?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the item need to be assembled?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the item need to be framed?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there any cost associated with the item? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there special display needs?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, explain:                             | _____                        |                             |
|   | _____                        |                             |