

**SNRS 4<sup>th</sup> Annual Silent Auction Donation Form – 2010**  
**PLEASE FAX COMPLETED FORM TO: (303) 422-8894**

**USE ONE FORM FOR EACH ITEM DONATED**

*Office Use only:*

Item number: \_\_\_\_\_

**CONTACT INFORMATION (Please print or type)**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Web site: \_\_\_\_\_

**DONATED ITEM (Please print or type)**

Name of Item Donated: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Cost or Value: \_\_\_\_\_

(\$50 or higher)

\*Complete Description of Item: \_\_\_\_\_

**\*If your item contains multiple services or products please detail in description.**

**SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS**

If you are donating a gift certificate for a service, please include the following information in the certificate or letter.

- Name of product or service
- Description of what is included and what is excluded
- Name of person to contact for further information
- Name, address and full contact information of your company
- Instructions on how to redeem item
- Include any additional information such as a photo or description brochure as appropriate
- Date of expiration

**SHIPPING OPTIONS: (Check one)**

- I, or a representative of my company, will bring the above listed item(s) to the Annual Conference and turn in at registration. I will receive a written confirmation including details of when and where to turn in items at a later date.
- Our company will ship the above item(s) to: Delfie Castro, Southern Nursing Research Society, 10200 West 44<sup>th</sup> Ave, Suite 304, Wheat Ridge, CO 80033-2840 to arrive by **January 18, 2010**.

**\*If after January 18, 2010, you must call Delfie Castro at (303) 327-7548 to make special arrangements to ship to the meeting site or hand carry the item(s) to the Annual Conference.**