

Gala Auction Item Donation Form

SIVE 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 N | ursing-(please describe): |     |
| Item(s) or service(s) donated to the School of N | ursing—(please describe): |     |
| Item(s) or service(s) donated to the School of N | ursing–(please describe): |     |

Signature of Donor

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

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, 2007

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 <u>kheathe@siue.edu</u> or (618) 650-2551.