## October 12, 2013 Gates Memorial Hall, Nevada Story Medical Gala ALCTION DONATION FORM

Name (as will appear in all pu	ıblications	):		
Contact Name (if different): _			Phone: _	
Email:		Ad	dress:	
City:	_ State:	ZIP:	Value of item: S	\$
Name of item:				
Description of item:				
Pick-up/Drop-off:			_ Date/Time:	
Additional information:				
□ Please do not package my it	em with o	ther donat	ions.	

Please send completed form to Story Medical Foundation, 640 S. 19th Street, Nevada, IA 50201 Forms due by September 27, 2013

