

**Deadline for inclusion  
in our Gala program  
is March 30, 2012.**



950 Trout Brook Drive  
West Hartford, CT 06119-1437

**A Child's World - Gala 2012**  
Saturday, May 5, 2012

**Auction Donation Agreement**

*(Please mail or fax to Robin DeBerry at 860.232.0705)*

Company/Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Donor's Valuation of Item: \$ \_\_\_\_\_

**Complete description of donation including specific terms, dates, and restrictions (attach separate sheet if necessary):**

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

Exact wording of program acknowledgment (i.e., "donated by XYZ Co.):

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

Will item need to be picked up? \_\_\_\_\_

**Please include any pertinent literature to display with the item.**

This donation becomes the property of The Children's Museum and will be offered for sale at auction. Proceeds will help support The Children's Museum's educational programs.  
Thank you!

Donor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Donor's Signature: \_\_\_\_\_

+++++  
(For Auction Committee Use Only)

Date Form Received: \_\_\_\_\_ Form Complete? Yes \_\_\_\_\_ No \_\_\_\_\_  
Donor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Solicitor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Live/Silent: \_\_\_\_\_ Starting Bid: \$ \_\_\_\_\_ Increments: \_\_\_\_\_  
Pick Up Info: \_\_\_\_\_  
Visuals Needed: \_\_\_\_\_