

**Deadline for inclusion  
in our Gala program  
is March 18, 2011.**



950 Trout Brook Drive  
West Hartford, CT 06119-1437

*A Child's World - Gala 2011*  
Saturday, April 30, 2011

**Auction Donation Agreement**

*(Please send 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: \_\_\_\_\_

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*(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: \_\_\_\_\_