



**NEUROLOGICAL
VOCATIONAL
SERVICES**

**A BENEFIT AUCTION TO SUPPORT THE ONGOING WORK OF
NEUROLOGICAL VOCATIONAL SERVICES**

Helping people with neurological conditions gain independence, one person, one job at a time.

SPRING GALA DONATION FORM

AUCTION DATE May 19th 2013

DONOR INFORMATION (Please print legibly)

Donor Name As It Will Appear in Catalog	Website		
Contact Name for Arrangements	Business Name (if applicable)		
Day Contact Phone	Contact Email Address		
Mailing Address	City	State	Zip

DONATION DESCRIPTION (Please attach any additional information.)

Please be complete (i.e., quantity, size, color, number of people, valid dates, all label information for wine, etc.)

RESTRICTIONS: (Expiration date, date specific, tax and gratuity not included, etc.)

Thank you for your Generous Donation

DONOR STATED VALUE

\$

Donor Signature (required) _____ **Date** _____

Name of Procurement Rep: _____ **Day Phone:** _____
(Please print legibly)

Neurological Vocational Services - 501(C)(3) Non-Profit Federal Tax ID # 91-1412467

Harborview Medical Center - 325 9th Ave., Box 359744 - Seattle, WA 98104 T: 206.744.9130 F: 206.744.9988 <http://www.nvsrehab.org>

Contact: Robert Fraser, Ph.D., Executive Director T: 206.744.9131 rfraser@u.washington.edu

WHITE COPY: NVS USE

YELLOW COPY: DONOR