

During Manage		Countrat Name		
Business Name:		Contact Name	e:	
Email Address:	Phone:			
Address:		City, State:		Zip:
Item/In-Kind Contribution	☐ Item		Gift Certificate	
Item:		Estimated Reta	il Value: *	
**Description of Donation:				
*Auction items valued at more than \$250				
Auction items valued at \$1,000 and above will  **We reser			received by September 1st. Website t is exceeded or to fit specifications	
THIS YEAR WE WILL NEED ALL			OW OR AN INDICATION OF DIRE	CT DELIVERY TO THE
	WINNING BIL	DDER BY SEPTEME	SER 1, 2024	
Specific Restrictions or Instructions (if app				
If item has an expiration date, please indic	ate:			
☐ Merchandise Included		☐ Dir	ect Delivery (will ship directly to	the winning bidder by December 1)
☐ Certificate of Authenticity included		Co	ompany:	
☐ Gift Certificate included		C	ontact:	
☐ Marketing Materials included				
Please print or type your name abov	EVACTIV as it should a	onoar in NATA Fou	undation nublications signage a	nd other printed materials
		•	as you want them printed.	nd other printed materials.
$\Box$ I (We) prefer not to be listed in any	orinted materials.	□ I('	We) prefer to be listed as an Anonyo	mous Donor
Instructions				
	n, keep a copy for your reathryn LaLonde – NATA		the original copy or send a scan	ned copy to:
	-		17 S. 6 <sup>th</sup> St. Mount Horeb, W	/I 53572
• •	y described. NATA Foundat	ion is a non-profit ch	ution and the NATA Foundation doe aritable organization, qualified und to the extent provided by law.	
Authorized Signature of Donor				Date