



Auction

Benefiting the Center for Autism & Related Disabilities ~ Saturday, April 5, 2025



Company/Individual Name: _____

Owner Name: _____ Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Item Description: _____

Restrictions (if any): _____

Fair Market Value: _____ Expiration (one year from event date): _____

If gift \$5,000+, Donor is filing IRS Form 8283: Yes / No
If "Yes", attach Form 8283 for University signature.

Donor was informed of IRS 8282 policy: Yes / No
If no, donor must so acknowledge in writing.

***If gift is over \$5,000, it must be approved by the University before acceptance.**

Procurement/Delivery Instructions: (please check one)

Donation will be: Picked up _____ Mailed _____ Delivered _____

Date: _____ Donor Signature _____

Program Journal Deadline is March 14, 2025.

To ensure inclusion in the Program Journal this form must be received by March 14, 2025
along with your gift certificate and/or instructions for obtaining item to:

University of Miami CARD/Tropical Nights
5665 Ponce de Leon Blvd., 2nd Floor • Coral Gables, FL 33146.

For event information, please call 305-284-9126, e-mail card@miami.edu or visit www.miami.edu/tropicalnights

CARD serves over 17,000 families AT NO COST to them.

For Internal Use Only:

Date: _____

Committee Member: _____

Received by: _____ Item #: _____