



Kindness Over Muscular Dystrophy (#KOMD)



AUCTION DONATION FORM

Donor Name: _____

Company Name: _____

Contact Name: _____ Phone Number: _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Name of Service or Item: _____

Please provide 1-2 images/photos if possible and Description -- please include any limitations or restrictions too:

Appraisal or Fair Market Value: \$ _____

Donor Signature: _____ Date: _____

The undersigned agrees to donate to Parent Project Muscular Dystrophy (PPMD), for the benefit of KOMD, the above item or service.

If signed electronically, a typed name will serve as a signature. PPMD is a 501(c)3 organization.

Thank you for supporting to Kindness Over Muscular Dystrophy! If you need assistance, please contact:
Dave Curran, info@KindnessOverMD.org or 203-770-2334 (cell)

Please return this form and accompanying information as soon as possible
or by May 17, 2019 at the latest.

Send to info@KindnessOverMD.org or fax to 845-758-2633