



DCAF Auction Donation Items

Date: _____

Name of Item: _____

Description of Item: _____

Estimated Value: _____

Donor Information:

Name: _____

Address: _____

City, State, ZIP: _____

Send donated item and this form to:

Cinda Haff
4000 N. Rural Dr.
Bloomington, IN 47408

For Donation Credit send a copy to:

Rob Lawson
DCAF Treasurer
4431 Corporate Square
Naples, FL. 34104