Procurement #_____
Package w/ Proc. #_____
Catalog #_____

2009 Miracles in the Moonlight Gala
"A Mother's Wish"
PROCUREMENT FORM

TY Sent_____
Certificate_____
Item Recd._____

Juvenile Diabetes Research Foundation – North Florida Chapter

8400 Baymeadows Way, Ste. # 9, Jacksonville, FL, 32256, (904) 739.2101 or fax (904) 739.2693, Federal Identification Number – 23-1907729

Please keep the PINK form and return the yellow and white with item or have arrangement for item delivery/pickup by – September 15, 2009.

Donor Company/Name			**Item Donated**
Contact Name & Phone Number for Arrangements or Follow Up			**Donor Stated Retail Value**
Address			**Donor Name for Catalog** ***(List exactly as you wish to appear in Auction Catalog)***
Phone	**Fax**	**Email Address**	**Name of Individual for Thank You** ***(if Different than Donor/Contact Name)***

Donation Description (i.e. color, quantity, size, number of people, etc.) ***Please be complete as this will be used to write the auction catalog description.***

Restrictions: Please state any limitations or special restrictions. **Expiration Date** ***(if applicable):*** _____
(If field is blank, JDRF will assume there are no limitations or special restrictions.)

For Tangible Items: ☐ Item accompanies donor form ☐ Donor/company will deliver/send to JDRF office on *(date)* _____ ☐ Donor requests JDRF pick up donation the week of _____	**For Intangible Items:** ***(Donor: Please include any appropriate display materials)*** ☐ Certificate accompanies donor form ☐ Donor will provide a certificate by *(date)* _____ ☐ Donor requests JDRF make a certificate
For Cash Donations: ☐ Check enclosed ☐ Donor requests JDRF send an invoice	**Please add me to the gala invitation list:** ☐ Yes ☐ No

Signature of Donor _____ Signature of JDRF Rep. _____