


**Bob Allison
Ataxia
Research Center**



KAREN'S HOPE
ATAXIA BENEFIT

Contact: Kathy Guderjahn
651-344-3445
kguderjahn@charter.net

Return to: Karen's Hope Ataxia Benefit
c/o Kathy Guderjahn
13134 Crolley Court
Rosemount, MN 55068

 **Deadline:** June 11, 2012 (Anything received after June 12, 2012 will be held for future events)

PLEASE NOTE: *Receipt will not be issued without complete information including donor signature.*

Donor Information:

Donor is: Individual Organization/Company

Donor Name (as it should appear on receipt and in print) : _____

Name of Contact Person (for Organization/Company) : _____

Address: _____

City/State/Zip _____ **Home #:** _____

Business #: _____ **E-mail address:** _____

Donor Signature: _____ **Date:** _____

Item Information:

Item Name: _____

Estimated fair market value of item \$ _____ (Determined by donor)

Item Description (Please specify color, size, material, time available, or other requirements):

Donations of services and items made by the donor (artwork, etc.) may not be tax-deductible.

Please refer to www.irs.gov publications 526 and 561, and consult your tax advisor.

The Minnesota Medical Foundation is a 501(c)3, Tax I.D. # 41-6027707

If your item is valued over \$500, is the IRS 8283 Form Attached? Yes No

Any item over \$5,000 must have an appraisal attached. Appraisal attached? Yes No

Donor's SS# for gifts over \$5000 _____

Check appropriate selections:

- Tangible Item
- Certificate (*If this donation is a gift certificate, please attach*)
- Item should be displayed at auction – Donor will provide display materials (*e.g. brochures, photos, posters, etc.*)

For office use only:

Volunteer/Staff Initials	Telephone #	Lot #	Batch #	Fund	Appeal/ Pkg	RE Constituent #
				3457	DATVKH-3	