



**Silent and Live Auction Statement of Donation**  
**2018 Justice for All” ~ Mystery at the Museum**

The undersigned donor agrees to give \_\_\_\_\_

DONOR: \_\_\_\_\_  
(Name of individual or company)

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please indicate if you wish to be listed on promotional material. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please print the exact way your listing should read: \_\_\_\_\_

**PRIZE DONATION: EXACT PRIZE DESCRIPTION:**

Please be specific with dates, number of people, size, color, material, services offered, date available, etc.:

\_\_\_\_\_  
\_\_\_\_\_

Restaurant includes: Tax \_\_\_\_\_ Tip \_\_\_\_\_ Cocktails \_\_\_\_\_ Wine \_\_\_\_\_

**SPECIAL INSTRUCTIONS AND REQUIREMENTS:** List any limitations, restrictions, etc. (Please include pick-up instructions and address if different from place of business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED MARKET VALUE:** \$ \_\_\_\_\_

**ITEM OR GIFT CERTIFICATE ENCLOSED:** YES \_\_\_\_\_ NO \_\_\_\_\_ (If possible, include a photo of vacation homes or similar items)

I understand that my contribution will be listed as one of the auction items for the “Justice for All” Event.

Fort Bend Lawyers Care Tax ID is No.: 20-4370198. All gifts to the Auction are tax deductible to the extent specified by law.

Signature of Donor: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please retain a copy of this form and mail or fax to:  
**Fort Bend Lawyers CARE – JFA “Mystery at the Museum”**  
P. O. Box 1647  
Richmond, TX 77469  
Office: 281-239-0015 Fax: 281-239-8123  
E-mail: [event@FortBendLawyersCare.org](mailto:event@FortBendLawyersCare.org)