



MYSTERY,  
MALT & MERLOT

# Auction Donation Form

(Please fill out form completely)

DATE \_\_\_\_\_

\_\_\_\_\_ will support our event  
*(First, Last Name and Business Name)*

**by donating**

\_\_\_\_\_  
*(Item)*

Valued at \$ \_\_\_\_\_

Please describe your donation, as you would like it presented *(including any restrictions such as expiration dates, etc.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with a business card, menu, brochure, etc. to be displayed with your gift.

**Contact Information:**

Your Mailing

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Yes, please send me an invitation.**

Return to the address noted below by March 16, 2012. If the item is too large to mail or deliver, please contact The Advocates' office and we will gladly arrange for a committee member to pick up your donation.

ADVOCATE CONTACT: \_\_\_\_\_

**Thank you for supporting...**

*The Advocates for*  
**UPSTATE**  
MEDICAL UNIVERSITY

750 E. Adams Street, Room 1401UH  
Syracuse, NY 13210  
Phone. 315-464-5610 Fax. 315.464.2272  
[yorks@upstate.edu](mailto:yorks@upstate.edu)