

TO BENEFIT THE SCHOLARSHIP PROGRAMS FOR NURSES AND HEALTHCARE PROFESSIONALS

MASSACHUSETTS NURSES FOUNDATION

340 Turnpike Street, Canton, MA 02021

(781) 821-4625 X745

Fax: 781-821-4445

2011 SILENT AUCTION DONOR FORM

Name: _____

Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone () _____ Evening Phone () _____

A. ITEM (S)	APPROXIMATE VALUE(S)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
B. SERVICE	APPROXIMATE VALUE
C. CASH DONATION	AMOUNT

Please check appropriate box:

- _____ can be delivered to MNA by (date) _____.
- _____ must be picked up at _____ by (date) _____.
- _____ will be brought to convention.

Office Use:
<input type="checkbox"/> Item received _____
<input type="checkbox"/> Acknowledgement sent _____
<input type="checkbox"/> Item Catalogued _____