

# 34th Annual Art Against AIDS Auction Donation Form

## AUCTION DONATION INFORMATION FORM

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(Donor or business name as it should appear in printed materials.)

(Contact Name)

(Street Address)

(City, State, Zip)

(Phone Number)

(Email Address)

(Website)

(Please provide a brief description of your donated art/item/gift certificate and retail value)

Estimated Value of Donation \$ \_\_\_\_\_ SUGGESTED STARTING BID \$ \_\_\_\_\_

Donation will be: \_\_\_\_\_ Mailed \_\_\_\_\_ Delivered \_\_\_\_\_ Picked by NO/AIDS Volunteer

### PLEASE RETURN THIS FORM

Send via mail, hand-delivery or email.

Rodney Thoulion, CrescentCare / NO/AIDS Task  
Force, 1631 Elysian Fields Avenue, New Orleans,  
LA 70117

504-821-2601 X1026, [Rodney.Thoulion@crescentcare.org](mailto:Rodney.Thoulion@crescentcare.org)

**THANK YOU FOR CONTRIBUTING TO OUR ART AGAINST AIDS AUCTION!**

FOR OFFICE USE ONLY

DATE FORM RECEIVED \_\_\_\_\_

STAFF INITIALS \_\_\_\_\_

DATE ITEM RECEIVED \_\_\_\_\_

AUCTION TABLE \_\_\_\_\_

LOT NUMBER