ORLANDO SCIENCE CENTER



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SILENT AUCTION IN-KIND DONATION FORM Item: _____ Details: Retail Value: \$ If Applicable, Expiration Date ___/__ (Requested date is 1 year from the event, November 2, 2014) Restrictions? Please Circle: Yes No If yes, please note restrictions: Contact Name: ______ Phone: _____ Company Name: _____ Fax: _____ Street Address: City: _____ State: ____ & Zip _____ PLEASE COMPLETE: Gift certificate or item is enclosed Donor will ___ deliver or ___ mail the item no later than October 1, 2013* (*deadline for acknowledgement in event program and signage) Please contact me to arrange pick up of my donation Donor's Signature: ______ Date ___/___ On behalf of the Orlando Science Center, thank you for your gift and contribution. Please Return Form to: Orlando Science Center Attn: Office of Development 777 East Princeton Street, Orlando, Florida 32803

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