



The 27th Annual Candlelight Ball
March 17, 2012
Auction Donation Form

Donor Name/Company Name (as it should be listed)	
Contact Person (Name and Title)	
Donor Address (City, State, Zip)	
Donor Phone #	Donor Fax #
Donor Email Address	

Description of Item(s) Donated: Quantity, Size, Color, Etc.

Restrictions/Expiration Date	Item Value
	Donation Date
<input type="checkbox"/> Gift Certificate Only	<input type="checkbox"/> Donor to Provide Gift Certificate
<input type="checkbox"/> Donor to Deliver to CADEF	<input type="checkbox"/> CADEF to Provide Gift Certificate
<input type="checkbox"/> CADEF Representative to Pick-Up	

Donor Signature

CADEF has a twenty seven year history of providing service benefiting individuals and families affected by Autism across Georgia. Thank you for supporting our mission.

CADEF: The Childhood Autism Foundation
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Tax ID: 58-1626622