



**Auction/Raffle Item Donation Form
(Gift-in-Kind Non-cash Donations)**

Donor Name: _____ **Date:** _____

Business Name *(if applicable)*: _____

Email: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Detailed Description of Item or Service Donated: _____

Restrictions: *(Please state any limitations or expiration date, etc.)* _____

Estimated Fair Market Value (FMV): \$ _____

(The price that the donation would sell for, on the open market).

Value Determined By: *(Circle One)* Donor Other: _____

Thank You for Your Support!

The Alicia Rose Victorious Foundation is a national, non-profit organization providing age-appropriate programs and activities for children and teens receiving treatment for cancer and other life-threatening illnesses.

The Alicia Rose Victorious Foundation
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www.victoriousfoundation.org

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