



dedicated to finding a cure

Indiana State Chapter

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For JDRF Office Use Only

Procurement # _____

Catalog # _____

Packaged with # _____

Final Package Total \$ _____

14th Annual JDRF Promise Gala Fight For The Cure Saturday, April 16, 2011

Donor Name / Company (as you would like it listed in the catalog):		
Street Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:	Fax:	
**RETAIL VALUE OF ITEM: \$		
Contact Name and Phone for Follow-Up Arrangements:		
Description of Item Donated <i>(include any information that would be helpful in marketing item. This description will be used in the catalog):</i>		
Restrictions <i>(include any limitations, expirations, or black-out dates):</i>		

Please check appropriate boxes in the following lines:

- | | |
|---|--|
| <input type="checkbox"/> Item Accompanies Donor Form | <input type="checkbox"/> Gift Certificate Accompanies Donor Form |
| <input type="checkbox"/> Item may be picked up by (Date): | <input type="checkbox"/> JDRF May Create Gift Certificate |
| <input type="checkbox"/> Donor will deliver item to JDRF by Feb. 28, 2011 | <input type="checkbox"/> Gift Certificate Will Be Provided |

Donor Signature: _____

Printed Name: _____

Procurement Representative Signature & Email _____

Procurement forms must be returned by Feb. 28, 2011 to guarantee placement in the catalog!