

## CHABAD OF TRIBECA/SOHO DONATION FORM

Solicitor's Name: \_\_\_\_\_

### Donor Information

Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Item Information

Item Name: \_\_\_\_\_ Item Value: \_\_\_\_\_

Item Description:  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions for Redemption (i.e. blackout dates): \_\_\_\_\_

Expiration Date (if applicable): \_\_\_\_\_

Certificates are necessary for service items:

Certificate will be emailed    Certificate will be mailed    Chabad of Tribeca should create a certificate

Delivery:

I will deliver to Chabad of Tribeca    I will mail to Chabad of Tribeca

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Chabad of Tribeca greatly appreciates your donation and has the right to use this item(s) at future fundraising events

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