



THE MAKE-A-WISH GALA
A PARISIAN
Masquerade
AUCTION DONATION FORM

Donor Name (as you would like to be recognized):	Business/Contact Name:
Street Address:	City/State/Zip:
Email:	Phone:
Item Description (Continue on back or attach an additional sheet):	
Item Restrictions (Black out dates, expirations, age limits, etc.):	
Estimated Value:	Please Check One: <input type="checkbox"/> Donation Enclosed <input type="checkbox"/> To Be Delivered <input type="checkbox"/> To Be Picked Up <input type="checkbox"/> Please Create Certificate

PLEASE MAIL OR EMAIL THE COMPLETED FORM BY SEPTEMBER 25, 2024 TO:
 MAKE-A-WISH ORANGE COUNTY AND THE INLAND EMPIRE
 3230 EL CAMINO REAL, SUITE 100, IRVINE, CA 92602
 WWW.WISHGALA.ORG | EVENTS@OCIE.WISH.ORG | PHONE: 714.573.9474