



## AUCTION DONATION CONTRACT

Donor Name: (to be listed):		
Company Name:		
Contact Name:	Phone Number:	
Donor Address:		
City:	State:	Zip Code:
Email:		
Name of Service or Item:		
Description (please include any limitations or restrictions): <b>Please provide images!</b>		
*Appraisal or Fair Market Value:		
Donor Signature:	Date:	
Please Indicate Pickup or Delivery		

\*Please leave blank if you are unsure of the value of your donation.

The undersigned agrees to donate to the Katonah Museum of Art the above item or service - if signed electronically, a typed name will serve as a signature.

Thank you for supporting the Katonah Museum of Art! If you need assistance, please contact: Jamie Rinaldi (914) 767-2968.

**Please return this form and accompanying information before May 17, 2019.**

Return completed form to:  
Katonah Museum of Art  
Attn: Special Events  
134 Jay Street, Katonah, NY 10536  
[jrinaldi@katonahmuseum.org](mailto:jrinaldi@katonahmuseum.org)  
Main Phone: 914.232.9555

*The Katonah Museum of Art is a 501(c)3 tax-exempt organization, EIN # 13-6161548*