

**ROBERT F. NOVINS MEMORIAL GOLF TOURNAMENT & RECEPTION**  
**AUCTION DONATION FORM**

Name of Item:

---

Retail Value: \$

Description of Item:

---

---

---

---

Restrictions:

---

Expiration/Blackout Dates:

---

Donor Name:

---

How to List Donor in Program:

---

Company:

Contact:

---

Address:

---

Email:

Phone Number:

---

Gift Certificate Enclosed

Certificate Created by VIM

Item Enclosed

---

Will Deliver Item by:

---

Item to be Picked-up by:

---

Instructions for Pick-up/Delivery:

---

Donor Signature:

---

All items must be received by April 20, 2018  
to be recognized in the tournament program and on the VIM Clinic website.

Thank You for Your Support!

Please return this form to Nicole King by mail, fax or email at your earliest convenience.

The Friends of Volunteers in Medicine Clinic, 417 SE Balboa Avenue, Stuart, FL 34994

Phone: 772.463.4128, ext. 211 Fax: 772.463.4129 Email: [golf@vimclinic.net](mailto:golf@vimclinic.net)