**RED RIBBON AUCTION 2016 DONATION FORM**

(AIDSCAREOS.ORG/RED RIBBON AUCTION)

<table>
<thead>
<tr>
<th>DATE:</th>
<th>NAME:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUSINESS NAME:</td>
<td>PHONE:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>WEBSITE:</td>
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<tr>
<td>E-MAIL:</td>
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</tbody>
</table>

**Please select what information you would like to appear in our Auction.**

- [ ] Name
- [ ] Business Name
- [ ] Phone
- [ ] Address
- [ ] Website
- [ ] Email

**I WOULD LIKE TO DONATE:**

- [ ] Gift Certificate
- [ ] Product
- [ ] Service
- [ ] __________

**ITEM:**

**ITEM VALUE:** $______________

**ITEM DESCRIPTION:** Any additional information you would like included in the auction.

Please submit digital LOGOS to Chris Dalpe at CHRISD@AIDSCAREOS.ORG

**PLEASE RETURN THIS FORM BY SEPTEMBER 2, 2016**

AIDS CARE OCEAN STATE  
c/o Christopher Dalpe  
18 Parkis Ave.  
Providence, RI 02907

- [ ] I can deliver the item to AIDS Care Ocean State before ____________
- [ ] I would like to arrange for someone to pick the item up. (Call 401-521-3603)

**OFFICE USE ONLY:** ITEM#_______   [ ] COPIED   [ ] IMAGE