

Burke Award Gala Auction Donation Form

Wednesday, June 12th, 2013

Compliments of (list name as you would like it to appear in our acknowledgments):

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Authorized Signature: _____

Name (print): _____ **Title:** _____

We are pleased to support Burke Rehab with the following donation:

Description of Gift: _____

Value: _____

Restrictions: _____

Does this item require pickup? Yes No

Thank you for your support!

Please fax or mail the completed form to:

Burke Rehabilitation Hospital

Attn: Allison Galligan

Development Office

785 Mamaroneck Ave.

White Plains, NY 10605

Phone: 914-597-2222 Fax: 914-597-2820

Email: agalligan@burke.org