

NEW HORIZONS REHABILITATION SERVICES  
**AUCTION DONATION FORM**

Date: \_\_\_\_\_

Name/Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Item Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restrictions or Comments Regarding Item: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pick-Up and/or Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Donor/Fair Market Value: \_\_\_\_\_ Acquired By: \_\_\_\_\_

Please return this form to:  
New Horizons Rehabilitation Services, Inc.  
1814 Pond Run Drive ● Auburn Hills, MI 48326  
Phone: (248) 340-0559 ● Fax: (248) 340-0689  
[www.NewHorizonsRehab.org](http://www.NewHorizonsRehab.org)