

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