

## Auction Form

**Item:** \_\_\_\_\_

**Donated by:** \_\_\_\_\_  
(the name to be used in the program)

**Recruited by:** \_\_\_\_\_  
(name)

**Retail Price:** \$ \_\_\_\_\_

Contact Person/address/phone/fax number (person or company who donated the item and will receive acknowledgement for tax purposes)

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**Please return this form and item by March 30, 2012 to:**

The Leukemia & Lymphoma Society  
3636 S I-10 Service Road Suite 304  
Metairie, LA 70001  
504.837.0945 Fax 504.837.9193