



Hosted by the AEDD Auxiliary

benefiting **Arkansas Enterprises for the Developmentally Disabled**

Thursday, October 20, 2016



- Big Frank Grill BBQ Dinner • Beverage Bar by Glazer's • Live/Silent Auctions • Cash Raffle •
- Entertainment by Marchese Hendricks Project •

Sponsor Reception 5:00 p.m. - 6:00 p.m. **Dinner/Auction** 6:00 p.m. - 10:00 p.m.

AEDD Multipurpose Center • 105 East Roosevelt Rd., (Quapaw Area), Little Rock

Send completed forms to: Debbie Grooms, 105 E. Roosevelt Rd, Little Rock, AR 72206

debbie.grooms@aeddinc.org or fax to 501-666-2113 by 10/10/2016

Item secured by (auxiliary member): _____

Donor Organization (if applicable): _____

Donor Name: _____ Phone Number: _____

Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Complete the Following Auction Donation Form

Suggestions for donations:

- electronic devices (cell phones, iPods, TVs)
- sports memorabilia
- themed gift baskets
- tickets to sporting or cultural events
- vacation packages
- Razorback sports items
- gift certificates
- original artwork
- Use Your Imagination!

Please use a separate form for each item you wish to donate and supply all requested information. Organizations submitting this form prior to **10/10/2016** will be recognized in the event program.

Item: _____

Estimated retail value: \$ _____ Recommended Minimum Bid: \$ _____

Item: _____ is enclosed _____ will be brought to the AEDD Central Office by October 10th _____ needs to be picked up

If your donation is not a physical item, please provide promotional materials, including a description, business card, brochure, certificate and/or photo for display during the auction. The winning bidder will be provided with your name and contact information in order to arrange for delivery. We will provide you a receipt for tax purposes.

TICKET ORDER FORM

I would like to order _____ Hawgs for a Cause tickets at \$50.00 each

I would like to reserve _____ table(s) of ten (10) at \$750.00 per table

I cannot attend, but would like to make a donation of \$ _____ to support AEDD

Check Payable to: AEDD

Credit Card: Visa MasterCard

Card number: _____ Expiration Date: _____

3 Digit Security Code: _____ Billing Address: _____

Name On Card: _____

Submit payment to: AEDD; 105 East Roosevelt Road Little Rock, AR 72206

_____ Please mail the tickets to: _____

_____ I will pick up my tickets at the AEDD Central Office.

Proceeds Benefit

Arkansas Enterprises for the Developmentally Disabled, Inc.