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|  | Diabetgs | ***Diabetes Training Camp Foundation–Silent Auction DONATION Form*** |  |  |  |  |  |
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|  |  | Event Name: |  |  | *2023 Come Experience The Magic Fundraising Event*  |  |  |  |  |
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|  |  | Event Date: |  |  | *Friday, Nov. 3 – 6:30p – 11p* |  |  |  |  |
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|  |  | **Item Information:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Restrictions: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Item Value: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Priceless? |  |  |  | Yes |  |  | No |  |  |  |  |  |
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|  |  | Gift Certificate? |  |  |  |  |  | N/A |  |  |  | Included |  |  |  | Donor to Provide |  |  |  | Organization to Create |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Delivery? |  |  |  |  |  | N/A |  |  |  | Delivered |  |  |  | Donor to Deliver |  |  |  | Organization to Arrange Pick up |  |  |  |
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|  |  | Notes: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | **Please Return Completed Form to:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  | Diabetes Training Camp Foundation |  |
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|  |  |  | c/o Jody Corcoran |  |
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|  |  |  | 109 N. Mansfield AvenueMargate City, NJ 08402 |  |
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|  |  | **E-mail Address:** |  | jcorcoran@diabetestrainingcamp.com |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Thank you for supporting Diabetes Training Camp Foundation****TaxID# 47-2857170** |  |

