The CARD Gala
Center for Autism & Related Disabilities

Auction

Benefiting the Center for Autism & Related Disabilities ~ Saturday, April 18, 2026

Company/Individual Name: _____

Owner Name: _____ Contact Person: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Item Description: _____

_____

_____

_____

Restrictions (if any): _____

Fair Market Value: _____ Expiration (**one year from event date**): _____

If gift $5,000+, Donor is filing IRS Form 8283: Yes ☐ No ☐ Donor was informed of IRS 8282 policy: Yes ☐ No ☐

If "Yes", attach Form 8283 for University signature. If no, donor must so acknowledge in writing.

***If gift is over $5,000, it must be approved by the University before acceptance.**

Procurement/Delivery Instructions: (please check one)

Donation will be: Picked up ☐ Mailed ☐ Delivered ☐

Date: _____ Donor Signature _____

Program Journal Deadline is March 27, 2026

To ensure inclusion in the Program Journal this form must be received by **March 27, 2026**
along with your gift certificate and/or instructions for obtaining item to the:
University of Miami CARD/CARD Gala, Attention Vanessa Castaneda, 5665 Ponce de Leon Blvd., 2nd Floor • Coral Gables, FL 33146.

For event information, please call 305-284-3722 or visit www.cardgala.miami.edu.

For Internal Use Only:

Date: _____ *Committee Member:* _____

Received by: _____ *Item #:* _____