



**Dallas Kosher  
Chili Cookoff  
at Tiferet Dallas**

**Tiferet Israel**  
**Auction Contribution Form**  
10909 Hillcrest Road • Dallas, TX 75230  
(214)691-3611 • Fax (214)361-0011

(Office Use)
Category #: _____
Item #: _____

**Contributor Information:**

Date: \_\_\_\_\_

Company or Donor Name: \_\_\_\_\_  
(As you wish it to appear in the catalog)

Contact Name: \_\_\_\_\_  
(Salutation) (First) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contributor's Signature: \_\_\_\_\_

**Contribution Information:**

Description of item or gift certificate: \_\_\_\_\_

Special restrictions or instructions: \_\_\_\_\_

Value: \_\_\_\_\_ Expiration Date (If Applicable): \_\_\_\_\_

**Delivery Instructions:**  Not Applicable, Turned in  
 To be picked up by Tiferet Volunteer on \_\_\_\_\_ (Date)  
 To be delivered by contributor on \_\_\_\_\_ (Date)

**If Gift Certificate:**  Enclosed  
 To be mailed  
 Auction to provide

(To be filled in by solicitor)			
Solicitor: _____	# _____	Phone: _____	
Contribution Type: Item <input type="checkbox"/>	Gift Certificate <input type="checkbox"/>	Underwriting <input type="checkbox"/>	Other <input type="checkbox"/>
Contributor Category: Merchant <input type="checkbox"/>	Parent <input type="checkbox"/>	Staff <input type="checkbox"/>	Other <input type="checkbox"/>