

IN-KIND DONATION FORM

SATURDAY, OCTOBER 11, 2025

BAYOU MUSIC CENTER 520 Texas Ave, Houston, TX

Please print all names legibly and exactly as they should appear in all publications. Underline the single letter under which this contribution should be listed alphabetically (Example: The <u>Acme Co.</u>). Contributions received by **Friday, August 29, 2025** will be acknowledged in the Program.

Donation type:	AUCTION	☐ IN-KIND	☐ WINE/SPIRITS		
Donor Name:					
Contact (if differen	t from donor):				
Company:					
Address:					
City:			State:	Zip:	
Phone:		Email:			
Description of dor	nation:				
Restrictions/expira	ation date:				
Value of item don	ated: \$				
Please fill out thi	s form and returi	1.			
Email: CentralTX@	autismspeaks.org				
Please mail all do	onations to:				
Autism Speaks					
Attn: Chef Gala					
5826 New Territor	y Blvd., #723				
Sugar Land, TX 77	479				

Please retain a copy of this form for your records.

Autism Speaks is a 501c3 not for profit organization. Tax ID: 20-2329938