



HOPE GALA 2020



AUCTION DONATION FORM

RELATIONSHIP NAME:
RELATIONSHIP PHONE:
RELATIONSHIP EMAIL:

1	Business/Donor (as you prefer to be listed in catalog)	
	Contact Name	Title
	Address	City, State Zip
	Phone	Cell Phone
	Email	
	Website (as a link to item)	

VALUE OF DONATION: (if priceless, please state fair market value) \$
Item accompanies form? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gift certificate accompanies form? <input type="checkbox"/> Yes <input type="checkbox"/> No
ACS has my permission to create gift certificate? (please be sure to provide a detailed description and restrictions in Sections 2 and 3) <input type="checkbox"/> Yes <input type="checkbox"/> No
Item will be delivered to ACS office by: DATE:

2	ITEM TITLE (donation name – one item per form, please)
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CATALOG DESCRIPTION – Please provide a detailed description. You may attach a Word document as needed. Description may change for final version of online catalog. (indicate quantity, size, color, web link if needed.)

3	RESTRICTIONS – Unless otherwise specified, all items expire October 17, 2021. (list as you would like printed in catalog and online)		
	<input type="checkbox"/> Expires:	<input type="checkbox"/> Mutually agreeable date/time	<input type="checkbox"/> Excludes Tax/Tip
	<input type="checkbox"/> Date Specific: _____	<input type="checkbox"/> Excludes Holidays	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Blackout Dates (list):	<input type="checkbox"/> Excludes Weekends	

4	DONOR SIGNATURE	DATE	For Office Use Only	Section? L / S
			Item #	

THANK YOU FOR YOUR GENEROUS GIFT!

Your donation is tax-deductible under IRS 501(c)(3) TAX ID # 13-1788491 Email Supriya.Kulkarni@cancer.org with questions.
American Cancer Society | 5601 6th Ave S, Ste 491, Seattle, WA 98108