

HOPE GALA | 2021

AUCTION DONATION FORM



RELATIONSHIP NAME:
RELATIONSHIP PHONE:
RELATIONSHIP EMAIL:

1	Business/Donor (as you prefer to be listed in catalog)			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 staff by: DATE:
	Contact Name		Title	
	Address		City, State Zip	
	Phone		Cell Phone	
	Email			
	Website (as a link to item)			
2	ITEM TITLE (donation name – one item per form, please)			
	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 30, 2022 (list as you would like printed in catalog and online)			
	<input type="checkbox"/> Expires: <input type="checkbox"/> Date Specific: _____ <input type="checkbox"/> Blackout Dates (list):	<input type="checkbox"/> Mutually agreeable date/time <input type="checkbox"/> Excludes Holidays <input type="checkbox"/> Excludes Weekends	<input type="checkbox"/> Excludes Tax/Tip <input type="checkbox"/> Other: _____	
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

Tina Burns: Tina.Burns@cancer.org | 206.674.4103

Please Mail Donations To: American Cancer Society | 807 E Stanley Pl, Granite Falls, WA 98252

