

HOPE GALA

2022 SEATTLE HOPE GALA 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) \$ <hr/> Item accompanies form? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Gift certificate accompanies form? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> 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 <hr/> 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) | | |
| | ITEM TITLE (donation name – one item per form, please) | | |
| CATALOG DESCRIPTION – Please provide a detailed description below You may attach a Word document as needed. <i>Description may change for final version of online catalog</i> | | | |
| 3 | RESTRICTIONS – Unless otherwise specified, all items expire October 29, 2023 (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 <hr/> 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 | 609 98th Dr NE Lake Steven, WA 98258

