

OFFICE USE ONLY

YEAR: _____



WHATCOM
HOSPICE
FOUNDATION

ITEM NO: _____

CAT. NO: _____

“Light the Night” Hospice Gala Auction

2901 Squalicum Parkway
Bellingham, WA 98225
(360) 733-1231
Fax (360) 788-6858

PLEASE COMPLETE ENTIRE FORM BELOW

Donated Item: _____

Donor's (Business) Name: _____

Contact Person: _____ Phone: _____

Address: _____

City, State, Zip: _____

Exactly how should donor be credited in auction program? _____

(Include all facts for catalogue description and publicity, i.e. interesting facts, model, unusual aspects, rarity, size and color, dates, information on donor, etc. Limitations would be number of persons, time of year, expiration date, and excluded dates, geographical limitations, insurance requirements, etc.) _____

APPROXIMATE VALUE \$ _____

Is there a ticket, certificate, letter or _____ to accompany donation? (Circle which)
OR would you like Whatcom Hospice Foundation to provide the certificate? Yes No

Is there an item? Yes No

a) Will item be delivered? Yes No Date _____ By Whom? _____

b) Will item require pickup by Whatcom Hospice Foundation? Yes No After (Date) _____

PLEASE NOTE: The Auction Committee reserves the right to combine, split or hold items at their discretion, if they feel it would make the item more marketable for auction purposes.

Signature of Donor: _____ Thank you! Date: _____

Solicited By: _____ Phone: _____

Winning Bid #: _____ Amount: \$ _____ Buyer's Signature: _____

***Whatcom Hospice Foundation is a 501(C)3 non-profit organization recognized by the IRS.
Therefore donated items can be tax deductible. Our tax ID# is 94-3146369.***

ORIGINAL/YELLOW—FOUNDATION PINK—DONOR