



Auction Item Donation Form

September 8, 2018 ~ At Pine Creek Nursery

To complete your donation form online, please visit

www.evergreenhealthfoundation.com/monroe

DONOR INFORMATION

DONOR OR ORGANIZATION NAME <i>(List as you would like it to appear in the catalog)</i>	
CONTACT PERSON <i>(Not listed in the catalog)</i>	PHONE
DONOR ADDRESS	CITY/STATE/ZIP
EMAIL	<input type="checkbox"/> Please send me an invitation to the Blue Jeans & Boots Gala!

DONATED ITEM INFORMATION ~ CATALOG DEADLINE: August 10, 2018

DONATION DATE (MM/DD/YYYY)	DONOR STATED FAIR-MARKET VALUE \$ _____ <i>(Note: EHMf cannot assign value)</i>	SOLICITOR NAME
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AUCTION ITEM NAME Please email or send photos if available. Fill in auction item name and detailed description. One item per donation form.

DETAILED DESCRIPTION

RESTRICTIONS <i>(Date-specific, blackout dates, item usage, tax & gratuity not included if applicable):</i>	EXPIRATION DATE <input type="checkbox"/> NONE <input type="checkbox"/> YES: _____ <i>(MM/DD/YYYY)</i> <input type="checkbox"/> September 8, 2019 <i>(1 year from Gala)</i>
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Item/gift certificate accompanies this form.
 I would like the Foundation to provide a gift certificate.
 I will deliver the item or certificate to the Foundation **before 8-10-18.**
 Please pick up my donation.
 I have display materials/photos for this item or certificate.

**Thank you for supporting
EvergreenHealth Monroe Foundation!**
 If you have any questions, please call the Foundation Office at **360-805-6304**. The Foundation will officially acknowledge your in-kind donation by letter after we have received your item.
 Once received, this donation becomes the property of the EvergreenHealth Monroe Foundation. Any unsold merchandise will be retained by the Foundation for future fundraising events

**Please submit this form to the EH Monroe Foundation
by August 10, 2018**
 in order for your item to be included in the auction catalog.
Retain a copy of this completed form for your records.
14701 179th Avenue SE, Monroe, WA 98272
 Email: monroefoundation@evergreenhealth.com
MAIN: 360-805-6304 FAX: 360-282-4213

FOR OFFICE USE ONLY

Package #: _____
 Category: _____
 LOC: _____
 Input: _____