

Item # _____

Donor # _____

FIRST CITY COUNCIL ON CANCER

AUCTION DONOR FORM

DONORS: Please complete form and return it to the Wilson Clinic by March 1st

1. _____ Individual Business
Donor Name

2. _____
Contact Name

3. _____ Phone _____
Mailing Address

4. Thank you for your donation of: _____
Give a brief description of item

5. FULL DESCRIPTION of donation. State clearly any special conditions, or limitations such as expiration date, size, etc.:

ITEM'S FAIR MARKET VALUE: \$ _____

6. For Tangible Items Displayed at Auction
Will you deliver? _____ If yes, Date: _____ If need pickup, Date: _____
If artwork, please list size: _____

7. For Intangibles/Undisplayed Items only
Will you provide gift certificate? _____ If so, by what date? _____
 Check here if you would like auction committee to prepare gift certificate
Will you provide display? _____

8. _____ Date _____
Donor Signature