

HEART OF DOERNBECHER AUCTION
DOERNBECHER CHILDREN'S HOSPITAL FOUNDATION
 1121 SW Salmon Street, Suite 100 - Portland, OR 97205-2021
 (503) 294-7101 or 800-800-9583 - Fax (503) 294-7058
 TAX ID# 93-0579589



DOERNBECHER
CHILDREN'S HOSPITAL
FOUNDATION

DONOR INFORMATION

NAME AS IT SHOULD APPEAR IN CATALOG

CONTACT PERSON (IF DIFFERENT FROM ABOVE)

PHONE NUMBER

MAILING ADDRESS

FAX NUMBER

CITY

STATE/ZIP CODE

E-MAIL

DONOR SIGNATURE

DATE

SOLICITOR

SOL. PHONE

ITEM INFORMATION

DONATION DESCRIPTION: PLEASE GIVE A DESCRIPTION OF THE ITEM AS YOU WOULD LIKE IT PRINTED IN THE CATALOG. INCLUDE QUANTITY, PRICE PER ITEM, SIZE, COLOR, RESTRICTIONS, SPECIAL CONDITIONS, ETC. PLEASE ATTACH A BROCHURE, PHOTO OR OTHER INFORMATION FOR DISPLAY IF AVAILABLE. USE AN ADDITIONAL PAGE, IF NEEDED:

Donor Estimated Fair Market Value: \$ _____

Please specify restrictions on dates or use.

Donor responsible to comply with IRS regulations

Unless otherwise specified, all donations are understood to be valid for one year from date of auction.

Donor certificate attached, expires one year from date of auction or _____

Please prepare an auction certificate for me, expiring one year from date of auction or _____

Donor will deliver/mail item by _____ Item accompanies form

Need to have item picked up - call (_____) _____ to arrange pick-up

*If bidding is strong are you willing to let us sell more than one? Yes No

Foundation use only:

<u>Date Received</u>	<u>Date Entered</u>	<u>By</u>	<u>Item #</u>	<u>Package #</u>

For DCHF use only: Fund 55007, 8FRHRT

WHITE COPY: DATA COORDINATOR

YELLOW COPY: FOUNDATION

PINK COPY: DONOR