

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**
Oregon Health & Science University

DONOR INFORMATION

<u>NAME AS IT SHOULD APPEAR IN CATALOG</u>		
<u>CONTACT PERSON (IF DIFFERENT FROM ABOVE)</u>		<u>PHONE NUMBER</u>
<u>MAILING ADDRESS</u>		<u>FAX NUMBER</u>
<u>CITY</u>	<u>STATE/ ZIP CODE</u>	<u>E-MAIL</u>
<u>DONOR SIGNATURE</u>		<u>DATE</u>
<u>SOLICITOR</u>		<u>SOL. PHONE</u>

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>Catalog #</u>

**DEADLINE TO SUBMIT FORM:
 NOVEMBER 1**

WHITE COPY: DATA COORDINATOR

YELLOW COPY: FOUNDATION

PINK COPY: DONOR