

I. CONTRIBUTOR INDIVIDUAL BUSINESS FOUNDATION

Name : _____ Contact : _____

Address : _____ Suite : _____

City : _____ State : _____ ZIP : _____

Office Phone : _____ Home Phone : _____

E-mail : _____

II. TYPE OF CONTRIBUTION AUCTION GIFT CERTIFICATE AUCTION ITEM PRODUCT OR SERVICE

Estimated value of gift(s) \$ _____ Expiration date or restrictions : _____

Description of donation : _____

Donation or gift certificate enclosed Needs to be picked up Would like hospital to make gift certificate on our behalf

* The value and description of the donation is subject to change when presented in the silent auction.
All information regarding the item is at the final discretion of TSRHC.

III. RECOGNITION

I would would NOT like my name / company name to appear in all publications.

Please PRINT exactly as it should appear in promotional materials, including capitalizations and abbreviations.

IV. SIGNATURE :

Signature of donor : _____ Date : _____