

OVERLAKE MEDICAL CENTER

B A N D A G E B A L L

DEADLINE
MARCH 21



AUCTION DONATION FORM

Donor: Complete #1 - 5. Please print. Use a separate form for each donated item.	
DONOR INFORMATION (to appear in catalog)	2 ITEM NAME (to appear in catalog)
DONOR NAME	ITEM DESCRIPTION (please describe donation in detail: quantity, size, color, weeks,
SIGNATURE DATE CONTACT PERSON	days/nights, expiration dates and all other restrictions)
ADDRESS	-
CITY/STATE/ZIP	-
PHONE EMAIL	ESTIMATED RETAIL VALUE \$
ENAIL	4 PLEASE INDICATE
SOLICITOR INFORMATION	☐ Item or gift certificate enclosed ☐ Item or gift certificate to be delivered by auction date ☐ Call to arrange pick-up ☐ Auction committee to create a gift certificate
SOLICITOR NAME CONTACT INFORMATION	CASH DONATION \$

PLEASE MAIL, FAX OR EMAIL THIS DONATION FORM TO:

MAIL: Overlake Medical Center/Bandage Ball, 1035 116th Avenue, Bellevue, WA 98004

EMAIL: events@overlakehospital.org FAX: 425-688-5642

For more information visit www.bandageball.org. Questions, please call 425-688-5526.

Overlake Medical Center Foundation is soliciting donations in the name of and for the sole benefit of Overlake Medical Center. Overlake Medical Center Foundation is a registered charitable organization located in Bellevue, Washington. A notice of solicitation is on file with the Washington Secretary of State's Office of Charitable Solicitations and Trusts. Financial disclosure information may be obtained by calling 1-800-332-GIVE.

Non-Profit Tax ID #91-1050325. Donations are tax deductible to the limits of the law.