

AUCTION DONATION FORM

Donor: Complete #1 - 5. Please print. Use a separate form for each donated item.

1 DONOR INFORMATION (how you wish to be recognized)

DONOR NAME

SIGNATURE

DATE

CONTACT PERSON

ADDRESS

CITY/STATE/ZIP

PHONE

EMAIL

2 ITEM NAME

ITEM DESCRIPTION (i.e., weeks, number of days, expiration dates and all other restrictions - attach a separate document if needed)

3 ESTIMATED RETAIL VALUE \$ _____

4 PLEASE INDICATE

- ☐ 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

5 CASH DONATION \$ _____

Please make check payable to **Overlake Medical Center Foundation**.

SOLICITOR INFORMATION

SOLICITOR NAME

CONTACT INFORMATION

PLEASE MAIL, FAX OR EMAIL THIS DONATION FORM TO:

MAIL: Overlake Medical Center/Bandage Ball, 1035 116th Avenue NE, 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.