



Food & Wine Affair Silent Auction

Paoli Hospital Auxiliary-Employee Branch
FRIDAY, SEPTEMBER 23, 2016
THE DESMOND
1 Liberty Boulevard
Malvern, PA 19355

DONATION FORM

Donor's Name _____
(As it should appear in the auction program)

Address _____ City, State _____ Zip _____

Phone (____) _____ Person to Contact _____ E-mail _____

Web Address (if any) _____

Item Donated – program description with color & size _____

Value _____ Restrictions if any _____

DELIVERY OF ITEM:

For services, tickets, stays, etc.:

- A donor's letter or certificate to guarantee redeem ability of this gift is enclosed.
- This signed agreement will serve as our guarantee of redeem ability.

For physical items donated:

- We can assist the event by shipping or delivering our merchandise.
- We would like to have the event volunteer pick up this donation.

AUCTION DISPLAY

- Brochures, menus, samples, etc. for display on the Auction table are enclosed.

Donor's Signature _____

Date _____

Phone _____

Thank you in advance for your generous donation to our annual event.

This item will be auctioned to raise funds for Paoli Hospital. **DEADLINE FOR ITEMS IS SEPT. 2, 2016**

PLEASE RETURN COPY TO: PAOLI HOSPITAL ADMINISTRATION – Attn: Tina Bruckner – 255 W. Lancaster Avenue, Paoli, PA 19301
QUESTIONS? CONTACT TINA BRUCKNER AT (484) 565-1433 or BRUCKNERC@MLHS.ORG

Merchant: ALL DONATIONS ARE TAX-DEDUCTIBLE
PLEASE MAKE A COPY FOR YOUR RECORDS. THIS WILL BE YOUR RECEIPT FOR TAX PURPOSES.