

AUCTION DONATION FORM



Benefiting Children's Hospital Oakland

Contact Information

Company Name: _____		Date: _____	
Address: _____		City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____	Email: _____	
Contact Name: _____			
Chase the Blues Committee Contact: _____			

Please provide a complete, detailed description of your donation, including any restrictions:

Description: _____ _____	
Restrictions: _____ _____	
Donation Value: \$ _____	Valid Through: _____
(*required for tax purposes)	
<input type="checkbox"/> Item is enclosed <input type="checkbox"/> Item will be shipped separately <input type="checkbox"/> Item must be picked up _____ <div style="text-align: right; font-size: small;">(date and location)</div>	

For redemption purposes please enclose your company gift certificate or complete the gift certificate form below.
Please return this form no later than April 15 to:

Chase the Blues Auction c/o Sue Royce
12 Keefer Court, Piedmont CA 94610

Questions: Sue Royce
510.923.0096

Children's Hospital & Research Center gratefully acknowledges receipt of your donation. All donations to Children's Hospital are tax deductible to the full extent allowed by law. Our Tax ID Number 94-331-5514. This form serves as your tax receipt.

If you do not have a standard gift certificate, please complete the following and include with the form above.

CHASE THE BLUES AUCTION GIFT CERTIFICATE

This certificate entitles the bearer to: _____

Restrictions _____ Valid Through: _____

Company Name: _____ Address: _____

Contact Name: _____ Contact Phone: _____

Authorized Signature: _____
