

2024 PORTLAND HOPE GALA
AUCTION DONATION FORM



RELATIONSHIP NAME:
RELATIONSHIP PHONE:
RELATIONSHIP EMAIL:

1	Business/Donor (as you prefer to be listed in catalog)		VALUE OF DONATION: (if priceless, please state fair market value) \$ <hr/> Item accompanies form? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Gift certificate accompanies form? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> ACS has my permission to create gift certificate? (please be sure to provide a detailed description and restrictions in Sections 2 and 3) <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Item will be delivered to ACS staff by: DATE:
	Contact Name	Title	
	Address	City, State Zip	
	Phone	Cell Phone	
	Email		
	Website (as a link to item)		
	ITEM TITLE (donation name – one item per form, please)		
CATALOG DESCRIPTION – Please provide a detailed description below You may attach a Word document as needed. <i>Description may change for final version of online catalog</i>			
3	RESTRICTIONS – Unless otherwise specified, all items expire November 4, 2024 (list as you would like printed in catalog and online)		
	<input type="checkbox"/> Expires:	<input type="checkbox"/> Mutually agreeable date/time	
	<input type="checkbox"/> Date Specific: _____	<input type="checkbox"/> Excludes Holidays	
<input type="checkbox"/> Blackout Dates (list):	<input type="checkbox"/> Excludes Weekends	<input type="checkbox"/> Excludes Tax/Tip	
<input type="checkbox"/> Other: _____			
4	DONOR SIGNATURE	DATE	For Office Use Only Section? L / S
			Item #

THANK YOU FOR YOUR GENEROUS GIFT!

Your donation is tax-deductible under IRS 501(c)(3) TAX ID #13-1788491

Janda Humphrey: Janda.Humphrey@cancer.org | 503.308.6266

Please Mail Donations To: Brenda MacRoberts | 1819 SW Iowa Street, Portland, OR 97239

