



PRESENTS



AUCTION/RAFFLE ITEM DONATION REQUEST FORM

DONOR INFORMATION

Donor Name/Company Name *(as it should appear in printed materials & social media)*

Donor Contact Name

Other Contact Name

Address

City

State

Zip Code

()

()

Contact #

Fax

Email Address

SILENT AUCTION ITEM	RAFFLE ITEMS (Please check all that apply)
<input type="checkbox"/> Vacation Home	<input type="checkbox"/> Gift Card/ Gift Certificate
<input type="checkbox"/> Trip or Weekend Getaway	<input type="checkbox"/> Gift Basket Item
<input type="checkbox"/> Artwork	<input type="checkbox"/> Sporting/Cultural Event Tickets
<input type="checkbox"/> Electronics	<input type="checkbox"/> Personal Service
<input type="checkbox"/> Sports Memorabilia	<input type="checkbox"/> Jewelry
<input type="checkbox"/> Sporting Goods	<input type="checkbox"/> Children's Toys
<input type="checkbox"/> Other	<input type="checkbox"/> Home Goods
	<input type="checkbox"/> Other

Detailed Item Description (if silent auction item please note key selling points):

Estimated Value:

Minimum Bid (if silent auction item):

Item returned with form	Item to be picked up	Item to be mailed or delivered
Given to _____	Pick up date ____/____/____ Best time to pick up ____:____ am/pm	Must receive by 3/18/2024

Please return form to Nicole Felkel P.O. Box 26658, Greenville, SC 29616
or scan & email to gcmsapresident@gmail.com

Thank you for supporting the Greenville County Medical Society Alliance!
The GCMSA is a registered 501(c)(3) nonprofit organization, *federal tax ID 57-0790743*
All contributions are tax-deductible as allowed by law.