



AUCTION/RAFFLE ITEM DONATION REQUEST FORM

DONOR INFORMATION

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

Donor Contact Name

Other Contact Name

Address
Zip Code

City

State

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Contact #

Fax

Email Address

<input type="checkbox"/> SILENT AUCTION ITEM	<input type="checkbox"/> RAFFLE ITEM(S) <small>(Please check all that apply)</small>
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<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):
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<input type="checkbox"/> Item returned with form <input type="checkbox"/> Given to _____	<input type="checkbox"/> Item to be picked up Pick up date ___/___/___ Best time to pick up ___:___ am/pm	<input type="checkbox"/> Item to be mailed or delivered Must receive by 3/25/22
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Please return form to Elsbeth Chaney
 P.O. Box 26658, Greenville, SC 29616

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.