



• AUCTION CONTRIBUTION FORM •

Please complete **all** blanks and **print** names legibly and exactly as they should appear in all publications. **Underline** the single letter by which this contribution should be listed alphabetically. (Example: Acme, Inc.)

Donor Name: _____ Vendor Contact Person: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell: _____ Fax: _____

Item Donated: _____ Value \$: _____

Address for Item Pickup: _____

Time/Exchange Restrictions: _____ Deadline/Blackout Dates: _____

Other Comments: _____

Information must be received no later than June 4, 2010 to be included in the auction brochure. Please include (via mail/fax/email) any brochures, details and/or photographs that you would like to be used for the item description. You may email files to: vicki.pichnic@brhstx.org

Check as applicable:

- Gift certificate enclosed
- Donor's confirmation and instructions to purchaser enclosed
- To be available for pick up on or before _____ (Deadline: June 11, 2010, except for items that may require special handling.)
- Item attached

Signature of Donor Title Date

Auction Committee Member Phone No. Date

Please sign, retain a copy for your files and return original to:

Thank you for supporting the great work of Brazosport Regional.



Brazosport
HEALTH FOUNDATION

Post Office Box 90
Lake Jackson, TX 77566
O: 979.297.6190 | F: 979.297.9313

FOR COMMITTEE USE ONLY:

Item Received (Date): _____ By: _____

Acknowledgement (Date): _____ By: _____

Comments: _____