

WILLAMETTE FALLS HOSPITAL FOUNDATION

Auction Donation Form

Please fill out form completely
Press Hard – Making 3 copies

Date: _____

DONOR: Business Individual

SOLICITOR: _____

CONTACT NAME: _____

BUSINESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

For office use only:

Item #: _____ PKG # _____

Type: Live Silent
 Super Silent Online

PLEASE GIVE US A DETAILED DESCRIPTION OF ITEM(S):

Include special highlights, specific locations, any restrictions, etc. If the item is a gift certificate, Please make sure the *expiration date is dated one year from the date of the event.*

Quantity	Name of each item	If donation is a certificate:	Delivery	Estimated value for tax deduction
		<input type="checkbox"/> Donor provided <input type="checkbox"/> Software printed	<input type="checkbox"/> Donor to deliver <input type="checkbox"/> Call for pickup	
		<input type="checkbox"/> Donor provided <input type="checkbox"/> Software printed	<input type="checkbox"/> Donor to deliver <input type="checkbox"/> Call for pickup	
		<input type="checkbox"/> Donor provided <input type="checkbox"/> Software printed	<input type="checkbox"/> Donor to deliver <input type="checkbox"/> Call for pickup	
		<input type="checkbox"/> Donor provided <input type="checkbox"/> Software printed	<input type="checkbox"/> Donor to deliver <input type="checkbox"/> Call for pickup	

Please give the completed form to your Solicitor or mail to:
 Willamette Falls Hospital Foundation
 1500 Division St., Oregon City, OR 97045
 Phone: 503.650.6805 FAX 503.557.2121
 Email: dawn.bergman@wfhonline.org

Thank you for making our auction a success. Your donation is vital to our fund raising efforts, which support the Hospital's mission to provide vision, innovation and services that lead to the development of a healthier community.

White Copy: Foundation Office

Yellow Copy: Foundation Office

Pink Copy: Donor