

HFRCS Auction Committee: 2017 Donation Form

2477 Trenton Road • Levittown, PA 19056 • (215) 269-9600

HFRCS Representative:

NAME:	DAY TELEPHONE:
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Donor Information:

DONOR NAME - FOR CATALOG: (Name as it should appear in catalog)		
DONOR CONTACT NAME:	TELEPHONE:	FAX:
	EMAIL:	
DONOR ADDRESS:	CITY:	STATE:
	ZIP:	

Item Information:

ITEM NAME:	DONOR-ESTIMATED VALUE: (Must state dollar amount)
ITEM DESCRIPTION - INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND <u>ALL RESTRICTIONS</u> :	
DONOR SIGNATURE & DATE:	MARK APPROPRIATE BOX: <input type="checkbox"/> Item accompanied form <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Promotional material provided by Donor

HFRCS Internal Use Only:

TRACKING NUMBER:	CATALOG NUMBER:	NOTES:
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PLEASE RETURN YOUR DONATION FORM BY MARCH 17, 2017

Fed Tax ID#: 75-566826 • Your donation may be tax deductible • Check with your tax advisor