



Holiday Tree Festival Silent Auction Contract

DONOR INFORMATION		
Business/Company/ Organization (If applicable)		
First Name, Middle Int., Last Name		
Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
E-mail		
DONATION INFORMATION		
How Donor's Name Should Appear in Publications		
Item Donated		
Type of Donation <div style="display: flex; justify-content: space-around; font-size: small;"> Gift Certificate Cash Basket Sculpture Trip Other </div>		
Approximate size of Item:	Will your donation need electricity?	
Donation Description: Please provide a detailed description about your donation.		
Retail Cost of Donation:		
STATEMENT OF UNDERSTANDING		
<p>Please be specific if the donation is an intangible item, such as use of a vacation home. A letter must accompany this form for intangible gifts to explain the procedure of obtaining the item. Please be specific about availability.</p> <p>Contracts can be returned using one of the following ways:</p> <ul style="list-style-type: none"> Submit button at the bottom of page Fax: 330-543-8008 Scan and E-mail: krudisell@chmca.org and scarpenterhtf@gmail.com U.S. Post Mail: Volunteer Services Akron Children's Hospital One Perkins Square Akron, Ohio 44308-6176 		
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Donor Signature	Date	