2018 Auction Donor Form

March 9, 2018

Thank you for your KEMOPALOOZA silent auction donation benefiting CAMP KEMO Programs of Palmetto Health Children's Hospital.

We appreciate your generosity. Please complete the information below. This will ensure we accurately recognize you and describe the item you are donating on the item description sign. We ask that you donate an auction item that is a donated good or service. Coupons, discounts or gifts with other purchases do not qualify as an auction item. Palmetto Health Foundation reserves the right to use donated items in future fundraisers benefitting Palmetto Health Children's Hospital.

Person/Organization Donating Item/s (for your tax purposes):

Donor Name (for listing on item description sign):_____

Contact Person: _____

Phone: _____ Email:_____

Address: _____

City/St/Zip: _____

Item Description: _____

Item Retail Value: $_____ Committee Contact _____

May we combine your item with other auction items if necessary? YES ☐ NO ☐

Name (Please print.): _____

Signature: _____

Item delivery:

In order to ensure the best placement of your item and the most accurate item information at the auction, please deliver your auction item to Palmetto Health Foundation by Friday, Feb. 23. Palmetto Health Foundation is located at 1600 Marion Street in Columbia. Hours are Monday-Thursday 8 a.m.-5 p.m.; Friday 8 a.m.-12:30 p.m.

If you are unable to deliver your item and need us to coordinate the pick-up, please check here. ☐

Please note when and where we can pick up your item:

_____

_____

Contact person: _____

Contact phone:_____

If you have any questions, please contact Sabrina Gandy, events manager, at
(803) 434-2824 (O) • (803) 434-2815 (Fax) • Sabrina.Gandy@PalmettoHealth.org

FOR PALMETTO HEALTH FOUNDATION USE ONLY

Delivery date/time: _____ ***Pick up date/time:*** _____

Event committee contact signature: _____ ***Staff signature:*** _____