

# HCWC 2024 AUCTION DONATION FORM

Collector Name: \_\_\_\_\_

**Enter only one item per form** & get the correct spelling of the donor's name and address.  
Please fill out form completely! We need information for bid sheets, program, ads & thank you letters.

*We value privacy and promise not to sell, share, or give away information to any individual or organization.*

## Donor Mailing Information

Donor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## To appear on Program & Bid Sheet:

**Donor Name** \_\_\_\_\_

Can include company affiliation, city, title, etc. (Ex: Marsha Moore, Mary Kay Independent Beauty Consultant)

**OR**

**Check for Donor to remain Anonymous and listed as Friend of the Center**

## Item Information for Bid Sheet

Value \$ \_\_\_\_\_ (Required)

Short Description: \_\_\_\_\_  
\_\_\_\_\_

If multiples of same item		
_____	x _____	= \$ _____
# of items	Value	<b>Total Value</b>

Item accompanies form     Collector will bring     Staff pick up at \_\_\_\_\_ on \_\_\_/\_\_\_/24

## If item is a Gift Certificate, also complete:

HCWC will make certificate—no signature required

Expiration Date: \_\_\_\_\_

HCWC will make certificate—donor signature require

Requires Release of Liability form

Restrictions, if any: \_\_\_\_\_

Additional Comments \_\_\_\_\_  
\_\_\_\_\_

## For Data Entry Use Only

ID:	Bundle#	Item #:
		LIVE AUCTION <input type="checkbox"/>