



MONDAY, MAY 4, 2015

SILENT AUCTION DONATION FORM

Donors Name(s): _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Description of donated item(s) and/or service(s):

Please list the total approximate fair market value/retail value for your donation:

When applicable, please include a legible copy of all receipts.

Please list any restrictions:

We ask that any expiration date be at least one year from the date of the event.

Item will be mailed

Item must be picked up (on or after _____)

Item was given to committee member _____



BREASTCANCER.ORG

Please keep a copy of this form for your records and return the original to:

Breastcancer.org

ATTN: Kim Wakiyama | 7 East Lancaster Avenue, 3rd Floor | Ardmore, PA 19003

Fax to: 610-642-6559

ATTN: Kim Wakiyama | Email: kwakiyama@breastcancer.org

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