



Chelsea Community Hospital
2012 Spring Auction
775 South Main Street
Chelsea, MI 48118
Phone: 734.475.4040 x3542
Fax: 734.475.4066
 Corrections (Please Print)

Auction Donation Agreement

New Constituent Constituent ID # _____

Please send me an invitation

Name/Company: _____

Contact Name: _____

Street: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Fax : _____

Website: _____

Please return this form by Friday, March 23, 2012 to ensure that your business or individual name is included in our printed materials. Proceeds from the 2012 Spring Auction, **Rock Out Concert Tour**, will help fund the purchase of a linear accelerator which will provide radiation therapy at our new Comprehensive Cancer Center. *Please direct questions to Patty Roberts 734.475.4040 x3542 or via email at proberts@cch.org*

Item/Gift Certificate/Service Donation (Deadline for inclusion for print materials is March 23, 2012)

Description (as you wish it to appear in the auction program):

Fair Market/In Kind Value: \$ _____ Expiration Date: _____

Additional Terms: _____

Person to contact for questions regarding donation (if different than above) : _____

Phone: _____ Fax: _____ Email: _____

Item Delivery/Donation Requests (Please select all that apply):

<input type="checkbox"/> Item Enclosed	<input type="checkbox"/> Item to be delivered or sent at later date	<input type="checkbox"/> Promo material included	<input type="checkbox"/> Hospital to arrange pick up of item	<input type="checkbox"/> Hospital to create certificate for donor	<input type="checkbox"/> Please call me to discuss ideas for my donation
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Program Information:

Please print your company and/or individual name, as you would like it to appear in the program:

(For Internal Use) Solicitor:	Donation Date:	Category:	Tracking #:
Internal Use: Taxable Procurement (C51214) <input type="checkbox"/> Non Taxable Procurement (C51209) <input type="checkbox"/>			
Short Name Description: _____			
<input type="checkbox"/> PFD'd _____ <input type="checkbox"/> Pledge _____ <input type="checkbox"/> Gift Rec'd _____ <input type="checkbox"/> Ack/Inv _____ <input type="checkbox"/> AucPro _____			