



Monday, June 4, 2018 at the Spring Lake Golf Club

Auction Item Donation Form

Donor Name (Please state the donor's name exactly as you wish it to appear in all listings. If you wish to remain Anonymous, please note here.)

Donor Contact Name

Committee Contact

Address

City

State

Zip

E-Mail

Telephone (Preferred Daytime)

(Evening)

(Fax)

Item Description: (Please use the reverse side of this form if necessary)

Fair Market Value: \$_____ This information is required by the IRS and must be completed by the donor. If gift value is more than \$5,000, the donor is responsible for providing an appraisal.

Restrictions or Special Arrangements: _____

Display Items: (Please indicate if any display items need to be returned to donor) _____

Item Delivered **Item to be Picked Up by Committee** **Item to be Delivered by Donor on** ___/___/___

Gift Certificate Provided by Donor **Committee to Produce Gift Certificate**

Name and contact information to be given to item winner (if necessary): _____

Donor's Signature: _____

American Cancer Society Tax ID #: 13-1788491

Please keep a copy for your records and send the completed form and payment information to:

American Cancer Society
Attn: Jersey Shore Golf Classic
2310 Route 34, Suite 1D
Manasquan, NJ 08736

For more information or an invitation to the Golf Classic please contact:

Keri Drako
Community Development Manager
(p): 732-292-4247 (f): 732-528-0162
(e): Keri.Drako@cancer.org