



A Night of Wine and Roses

A SPRINGTIME JUBILEE



AUCTION DONATION COMMITMENT FORM

DONOR INFORMATION

NAME EXACTLY AS YOU WISH IT TO APPEAR IN PUBLICATIONS. (If you wish to remain anonymous, please note here).

Donor Contact Person _____

Committee Contact Person _____

Address _____

City _____

State _____

Zip _____

E-Mail _____

Telephone _____

Fax _____

EXACT DESCRIPTION OF ITEM BEING DONATED:

FAIR MARKET VALUE: \$ _____ (This information is required by the IRS and must be filled in. Note: If gift value is more than \$5,000 the donor is responsible for having it appraised.)

NAME, ADDRESS & TELEPHONE # FOR THE "WINNER" TO CONTACT: _____

CONTINGENCIES, BLACKOUT DATES, SPECIAL ARRANGEMENTS, ETC: _____

DISPLAY ITEMS: (Please indicate if any display items need to be returned to donor) _____

Have Gift Certificate or Winner Letter _____

Needs Gift Certificate or Winner Letter _____

For Additional Information:

Emily Nelson
Phone: 732.292.4260
Email: emily.nelson@cancer.org
Fax: 732.528.0162

Please send to:

A Night of Wine and Roses Gala
American Cancer Society
2310 Route 34, Suite 1D
Manasquan, NJ 08736

In order to avoid complications, please review this contract to be sure that all pertinent information and arrangements are correct. Thank you for honoring your donation as written here.

**Please return form no later than
Monday, April 16, 2018.**