Auction Donation Agreement

Contributions must be received by March 4, 2011 to receive recognition in the event program book.



Donor Information:

| Donor Name/ Company | | | | |
|--|--|----|----|--|
| Contact Name | | | | |
| Street Address | | | | |
| City, State, Zip | | | | |
| Phone | | Fa | ах | |
| Email | | | | |
| How would you like to be acknowledged? | | | | |

Contribution Information:

| Contribution D | etails | | | | | |
|--|--------|---|------|--|--|--|
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| Contribution | | | | | | |
| Restrictions | | | | | | |
| Fair Market Val | | t write "Driceless " if the value is subjective place | | | | |
| Fair Market Value (Please do not write "Priceless," if the value is subjective, please provide us with an estimate of the value) \$ | | | | | | |
| Contribution type:CertificatePhysical ItemWill this item be on display?YesNo | | | | | | |
| Please check one of the following: | | | | | | |
| Enclosed is my donation certificate. Please create a certificate for me and email me a copy. I will be delivering my physical item to you before April 16, 2010. | | | | | | |
| Authorized | | | Date | | | |
| Signature | | | | | | |

Please return this completed form to Lindsay Yuen at Scripps Health Foundation, by mail at P.O. Box 2669, La Jolla, CA 92038, fax at 858-678-6336 or email at <u>yuen.lindsay@scrippshealth.org</u>. For more information, call Lindsay Yuen at 858-678-7174. Thank you!

