



Saturday, November 8, 2014
Seattle Design Center

2014 Procurement Form

THANK YOU FOR SUPPORT!

Please be as complete as possible in completing this form, as it will be used to develop the description of your donation in the event program and to acknowledge your contribution and serve as tax-deductible information.

Office Use Only:
Date Received: _____
Solicitor: _____
Item #: _____
Package #: _____

DONATED ITEM: _____

ESTIMATED RETAIL VALUE: _____

DONOR INFORMATION:

Name: _____ **Company Name** (if applicable) _____

Address: _____ **City, State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

DONOR RECOGNITION: Please specify exactly how the donor should be recognized in Gala materials (e.g., *Donated by the XYZ Company; Donated by Mr. & Mrs. Jack Smith; Donated by Jane & Jack Smith; Anonymous*).

ITEM DESCRIPTION: Please provide additional information about the donated item including an overview and details, such as color, size, model, features, etc. This information is used to develop auction collateral.

RESTRICTIONS & EXPIRATION INFORMATION: Please note any restrictions and/or expiration date that apply for your in-kind donation (e.g., *Valid through November 8, 2015; Valid only on weekdays*).

Restrictions: _____

Expiration Date: _____

ITEM DELIVERY: Please coordinate delivery of the donated item and supporting collateral.

Attached/Enclosed: _____

To be delivered to Boyer by (date): ____/____/____ Please create a certificate for my donated item.

Can be secured by contacting: _____

DONOR SIGNATURE

Date

Please return this completed form via fax, mail or email before October 3, 2014.

Boyer Children's Clinic is a registered 501(c)(3) nonprofit organization. • Tax ID #91-1316838 • Proceeds from the sale will benefit children with neuromuscular disorders and developmental delays, and their families, through programs at Boyer Children's Clinic.