



Auction Donation Form

For Variety Show & Auction on Friday, May 3rd, 2019

PLEASE USE ONE FORM FOR EACH ITEM DONATED

CONTACT INFORMATION (Please Print)

Donor Name: _____

Contact Name (If Donor is a Company): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

DONATED ITEM (Please Print)

Name of Item Donated: _____ Value: _____

Item Description: _____

Donation will be dropped off/ sent to PHC by: _____

Donation needs to be picked up from: _____

Additional Instructions: _____

SERVICE OR GIFT CERTIFICATE INFORMATION REQUIREMENTS

If you are donating a gift certificate, please include the following information on the certificate:

- Name of product or service
- Description of what is included and what is excluded
- Name of the person to contact for more information
- Name, address, and full contact information for you or your company
- Instructions on how to redeem the item
- Include any additional information, such as photo or description brochure as appropriate
- Date of expiration

Please return this form to:

Pathway Health Clinic

Juanita Pryor, development@prevista.com

Fax: (760) 945-8432 / Phone: (760) 945-4673