

Please type or print in a ball point pen. Please press hard.

Donor Business Name:

Donor Contact Person:

Donor Address:

Donor Telephone Number:

Donor interested in auction catalog ad information:  Yes  No

This donor would like ticket information:  Yes  No

This donor would like corporate sponsor information:  Yes  No

Donor's Estimated Retail Value: \$ \_\_\_\_\_

### Auction Procurement Form

## Prosser Memorial Hospital FOUNDATION

723 Memorial Street  
Prosser, WA 99350  
(509) 788-6030  
Fax: (509) 786-6612  
E-mail: foundation@pphdwa.org

#### Donated Item Name as listed in catalog (Brief Description):

- Item                       Cash — Designated                       Cash — Undesignated
- Gift Certificate                       Service Donation                       Material item not displayed at auction

**Detailed Description to appear in Catalog** — Include quantity, size, color, number of persons, weeks, days/nights and restrictions, if any.

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

*For the Donor's records, this certifies the donor has received nothing of value in exchange for this contribution.*

#### CERTIFICATE INFORMATION:

- Did you get an original certificate to attach to this procurement form? .....  Yes  No
- If answer is NO, do we have donor's permission to create an inhouse original certificate: .....  Yes  No
- Does Auction Committee need to create a display certificate? .....  Yes  No

#### DISPLAY INFORMATION:

Maximum space required: \_\_\_\_\_ X \_\_\_\_\_

Item to be delivered by donor? .....  Yes  No

Item to be picked up by auction representative? .....  Yes  No

Name of person to pick up item: \_\_\_\_\_

Delivery or pick-up date: \_\_\_\_\_

#### BUSINESS OFFICE USE ONLY

Procure Number: \_\_\_\_\_

Category: \_\_\_\_\_ Catalog Number: \_\_\_\_\_

Auction Type: \_\_\_\_\_

Combine With: \_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_

Solicitor/Volunteer Name (PLEASE PRINT) \_\_\_\_\_

Tel. No. \_\_\_\_\_