



American Cancer Society
Silent Auction Donation Form
March 9, 2019

HONOREE TRACI KALISH

Donor: _____
(Individual/Company Name)

Address: _____
(Street) (City, State, Zip)

Contact Person: _____
(Name) (Daytime phone)

Item Value: \$ _____

Item Donated: _____

(Detailed description of the item donated, including measurements, color, medium, artist, expiration dates, and other restrictions or instructions pertaining to the item.)

Expiration Date: _____
(if a gift certificate)

Federal ID #: 13-1788491

Donated in: memory: _____ honor: _____

Please send acknowledgement to: _____
(Name)

(Address, City, State, Zip)

Donor's signature

Date

Volunteer's signature

Date

Thank you for your gift*

**Your contribution is tax deductible to the extent allowed by law. There may be special rulings concerning the extent of deduction of inventoried items. Your accountant can provide specific information.*