

26TH ANNUAL

Spinoff

BENEFITING SCRIPPS  
MD ANDERSON CANCER CENTER

## Auction Donation Agreement

### Donor Information:

|  |  |     |  |
|--|--|-----|--|
| Donor Name/ Company                                      |  |     |  |
| Contact Name   |  |     |  |
| Street Address   |  |     |  |
| City, State, Zip   |  |     |  |
| Phone  |  | Fax |  |
| Email  |  |     |  |
| Please list your company's name for recognition purposes |  |     |  |

### Contribution Information:

|                            |  |  |    |
|----------------------------|--|--|----|
| Contribution Details       |  |  |    |
| Contribution Restrictions* |  |  |    |
| Fair Market Value          |  |  | \$ |

(Please do not write "Priceless," if the value is subjective, please provide us with an estimate of the value)

*\*When selecting an expiration date, please take note that the event is on May 6, 2017. We encourage auction donors to give the auction winner sufficient time after the event to redeem their item.*

Contribution type:  Certificate  Physical Item

### **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 7, 2017**.

|                      |  |      |  |
|----------------------|--|------|--|
| Authorized Signature |  | Date |  |
|----------------------|--|------|--|

Please return this completed form to **Emma Gordon** at Scripps Health Foundation, by mail at P.O. Box 2669, La Jolla, CA 92038, fax at 858-678-6336 or email at [gordon.emily@scrippshealth.org](mailto:gordon.emily@scrippshealth.org). For more information, call Emma Gordon at 858-678-6349. Thank you!

The Scripps Health Foundation tax identification number is 95-1684089.