



Saint Mary's HOSPITAL Foundation

100 Years of Caring

Eighteenth Annual Gala – February 7, 2009

2009 AUCTION DONATION CONTRACT

DONOR: Please complete this form. Please print or type one contract for each service or item donated

DONOR NAME: _____

Address: _____

Telephone: _____ E-Mail:(home) (bus)

Donated by (for catalogue listing): _____

Description of item/service: Include color, size, material, number of pieces, time restrictions, legal limitations, location of seats, exchangeability, etc., where applicable (Enclose a photograph when necessary.)

Donor's estimate of fair market value of donation: \$ _____

Delivery arrangements:

_____ Enclosed
 _____ Donor will deliver on _____ date.
 _____ Pick-up required.

Please call me: Daytime: _____

Evening: _____

Donor's Signature: _____

SOLICITOR'S NAME: _____

Address: _____ Tele. #: _____

OFFICE ONLY

Live Auction: _____

Date merchandise received: _____ Silent Auction: _____

Copies for: HS _____ KG _____ Basket Item: _____

PLEASE RETURN THIS FORM A.S.A.P. TO:

Saint Mary's Hospital Foundation
 56 Franklin Street
 Waterbury, CT 06706

Phone #: (203)709-6390 Fax #: (203)709-3272 Email: Kathleen.gangell@stmh.org