CENTRE GREY
HEALTH SERVICES
FOUNDATION

FOR OFFICE USE ONLY
RECEIPTING:
_____/_____/_____
DAY MTH YEAR
_____
INITIALS

ASSESSED VALUE: FOR OFFICE USE ONLY
$
_____
/ /

CODING: FOR OFFICE USE ONLY

SILENT AUCTION DONATION FORM

RECEIPTING & CONTACT INFORMATION

First Name:		**Middle Initial:**		**Last Name:**	
Business Name: (if applicable)					
Address:		**PO Box#:**		**Phone:**	( ) –
City:		**Postal Code:**		**Cell:**	( ) –
Receipt Requested:	○ **YES** ○ **NO**	**Email:**			

DONOR NAME DISPLAY - RECOGNITION

Donor names will be displayed in three places; at the Silent Auction on the bidder sheet posted with your item; on the CGHSF website www.cghsfoundation.com; in main lobby at the Hospital in Markdale.

Please tell us how you wish to have your name posted:

OPTION #1:	☐ - **DO NOT display my name anywhere – please post as ANONYMOUS**
OPTION #2: DISPLAY my NAME exactly as follows:	*****If this area is left blank, it will be presumed by default that you **DO NOT** want to be recognized

DONATION DETAILS

BRIEFLY DESCRIBE YOUR DONATION: For example, What is it? Note the brand and any distinctive features, colours, or markings **NOTE:** If you purchased your item, please attach the receipt to this form	

SIGNATURE

By signing below I confirm that, to the best of my knowledge, all information on this form is accurate; and I understand that, if requested, I will receive a charitable tax receipt from Centre Grey Health Services Foundation for the assessed amount of the items donated as determined by CGHSF's appointed experts (unless I provide a sales receipt showing the item value); I release my item(s) to CGHSF as a charitable donation.

Signature to Release Item:		**FOR OFFICE USE ONLY** **DATE RECEIVED:** _____/_____/_____ DAY MTH YEAR
FOR OFFICE USE ONLY **NAME of CGHSF Representative Receiving Donation:**		