

# BLACK & WHITE

SAINT MARY'S HOSPITAL  
GALA 2012

*To Benefit the  
"Reach Out & Read" Program  
February 4, 2012*

## 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

Date merchandise received: _____	Live Auction: _____
Copies for: HS _____ LS _____	Silent Auction: _____
	Basket Item: _____

**PLEASE RETURN THIS FORM BY 1/20/2012 TO:**

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

Phone # (203)709-3761 Fax # (203)709-3272 Email: [Lezlye.zupkus@stmh.org](mailto:Lezlye.zupkus@stmh.org)