



Saturday, November 4, 2017  
Fremont Studios

**2017 Procurement Form**

**THANK YOU FOR SUPPORT!**

Please be as complete as possible in completing this form, as it will be used to develop the description of your donation in the event program and to acknowledge your contribution and serve as tax-deductible information.

<b>Office Use Only:</b>
Date Received: _____
Solicitor: _____
Item # _____
Package #: _____

**DONATED ITEM:** \_\_\_\_\_

**ESTIMATED RETAIL VALUE:** \_\_\_\_\_

**DONOR INFORMATION:**

**Name:** \_\_\_\_\_ **Company Name** (if applicable) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DONOR RECOGNITION:** Please specify exactly how the donor should be recognized in Gala materials (e.g., *Donated by the XYZ Company; Donated by Mr. & Mrs. Jack Smith; Donated by Jane & Jack Smith; Anonymous*).

**ITEM DESCRIPTION:** Please provide additional information about the donated item including an overview and details, such as color, size, model, features, etc. This information is used to develop auction collateral.

**RESTRICTIONS & EXPIRATION INFORMATION:** Please note any restrictions and/or expiration date that apply for your in-kind donation (e.g., *Valid through November 4, 2018; Valid only on weekdays*).

Restrictions: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**ITEM DELIVERY:** Please coordinate delivery of the donated item and supporting collateral.

Attached/Enclosed: \_\_\_\_\_

To be delivered to Boyer by (date): \_\_\_\_/\_\_\_\_/\_\_\_\_  Please create a certificate for my donated item.

Can be secured by contacting: \_\_\_\_\_

**DONOR SIGNATURE**

**Date**

**Please return this completed form via fax, mail or email before October 1, 2017.**

Boyer Children's Clinic is a registered 501©(3) nonprofit organization. • Tax ID #91-1316838 • Proceeds from the sale will benefit children with neuromuscular disorders and developmental delays, and their families, through programs at Boyer Children's Clinic.

Boyer Children's Clinic 1850 Boyer Avenue East, Seattle, WA 98112  
Ph: (206) 325-8477 Fx: (206) 323-1385 Email: [specialevents@boyercc.org](mailto:specialevents@boyercc.org).