



**2019 Pink Tie Ball Silent Auction Donation Contract
Saturday October 12, 2019**

Company: _____

Contact Name/Title at Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Alternate Contact Information (if applicable): _____

Referred to us by: _____

(Please provide us with the name of the Komen representative who contacted you for this donation)

Donated Item: Gift Certificate? (please indicate) **YES** **NO**

Expiration Date/Restrictions: _____

(Please date all gift certificates valid until November 2019)

Description of Item AS IT SHOULD APPEAR IN PRINT: _____

(you may also email your description to info@komenphiladelphia.org)

Fair Market Value/Retail Value: _____ (we kindly request a minimum value of \$500)

Signature: _____

Printed Name: _____ **Date:** _____

**All donations need to be received by our office no later than Friday, September 13.
We appreciate any display items that will assist us in showcasing your item during the event.**

Susan G. Komen Philadelphia, 125 S. 9th Street, Suite 202, Philadelphia, PA 19107
Phone: 215-238-8900/Fax: 215-238-1419 info@komenphiladelphia.org

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