



SILENT AUCTION DONATION FORM

16th Annual Fashion Show Luncheon

Friday, March 31, 2017- 10:30 a.m.

Four Seasons Hotel

Please Submit Donations by March 10, 2017

Donor Information

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Information Pertaining to Donation

Alliance Federal Tax ID: 23-7290810

Name of Item(s): _____ Donor's Estimated Value: \$ _____

Describe Donation in Detail (please include size, color, material, dates, expiration, etc.)

Delivery Information:

Pick up by CCMSA Donor to deliver to CCMSA Office Item Accompanies this Form

Monetary Donation

We regret that we are unable to donate an item to the auction at this time, however, we would like to make a monetary contribution to the auction in the amount of \$ _____.

All Checks payable to CCMSA (Nonprofit Tax Id. No. 23-7290810) and remit to the address below.

Signature of Authorized Donor:

Signature

Printed Name

Title

Date

Please respond via mail or fax to:

Clark County Medical Society Alliance
Melissa Kelly, Silent Auction Chairperson
2590 Russell Road, Las Vegas, NV 89120
Cell: 702.561.5883 • Fax: 702.896.1864
desertskinrn@gmail.com • www.ccmsa-lv.org

For Office Use Only	Date Item Received: _____	Member Contact: _____	Auction Item #: _____
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