

**SILENT AUCTION DONATION FORM**  
**18th Annual Fashion Show Luncheon**



**Tuesday March 19, 2019 at 10:00 am**  
**Four Seasons Hotel**

Please submit Donations by **Monday March 4, 2019**

**Donor Information**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Information Pertaining to Donation**

**Alliance Federal Tax ID: 23-72907810**

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please select ONE delivery method:**

Item Accompanies this Form

Donor to deliver to CCMSA OFFICE  
(2529 Russell Rd, Las Vegas, NV 89120)

Pick up by CCMSA

**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 send correspondence via email to:  
**Clark County Medical Society Alliance**  
**Silent Auction Chairperson**  
**FashionShowCCMSA@gmail.com**  
**(www.ccmsa-lv.org)**

For Office Use Only	Date Item Received:	Member Contact:	Action Item #: