

Run for the Roses

May 15, 2010 | A Night at the Kentucky Derby

Auction Item Donation

Please print all information and list only one item per form.

DONOR INFORMATION

Donor Name _____ Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Name as you would like listed in acknowledgements _____

DONATION INFORMATION

Item Description _____ Fair Market Value \$ _____

Restrictions/Expiration Date (Please list number of people, time of year, exclusion dates, etc.)*

*For gift certificates, if possible, please provide an expiration date of no less than ONE YEAR from the date of our auction (May 15, 2010).

MERCHANDISE DELIVERY (check one)

Gift certificate enclosed Items will be delivered to Eden Medical Center Foundation.

Please pick up item(s). Contact person to arrange pick-up is _____

Phone _____ E-mail _____

Thank you for your generous contribution and support of Eden Medical Center Foundation.

Please return to:

Eden Medical Center Foundation
20103 Lake Chabot Road ☼ Castro Valley, CA 94546
Fax (510) 537-3530 ☼ Federal Tax ID# 94-2883457

If you have questions, please contact Mary Garcia at (510) 728-1671 or garciam9@sutterhealth.org



Eden Medical Center Foundation

20103 Lake Chabot Road, Castro Valley, CA 94546 | 510.889.5033 | www.edenmedcenter.org/giving

