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Benefit and Gala

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AUCTION DONATION FORM

Return form by: _____ CHA Solicitor: _____
 Auction Date: _____ Address: _____
 Non-Profit Tax ID 91-2072286 City: _____ State: ____ Zip: _____

Donor's Name: _____ Company: _____
 Email: _____ Phone#: _____
 Address: _____ City: _____ State: ____ Zip: _____
Item Donated: _____ **Value \$** _____

Item or Service Description – Print or type the description as you want it to appear on the display board and catalog. Include any business cards or marketing material to display with the item.

PLEASE STATE ALL RESTRICTIONS

Expiration Date _____ Default Expiration – 1 year from auction date
 If donation is in the form of a gift certificate: I have enclosed a gift certificate
 I authorize CHA to generate a certificate for my donation
 Contact for arrangements: _____ Phone: _____
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