Procurement Form

Hillcrest Committee Ball 2022

Auction Item # _____

DONOR

(Circle One) • Individual_____ • Business_____

Contact and/or Donor's name: _____

Preferred listing (or anonymous) in Hillcrest Ball program: _____

Preferred listing for insurance policy:_____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone 1:_____Phone 2:_____Email:_____

Authorizing Signature: _____ Date: _____

The Hillcrest Committee gratefully acknowledges the receipt of the following donation:

DONATION

Venue/item/service:_____

If venue, number of guests: _____

Gift Certificate: (*Circle One)* • N/A • Received by _____ • Donor will deliver/send • Arrange pick up
Item: (*Circle One)* • N/A • Received by _____ • Donor will deliver/send • Arrange pick up

Restrictions (if any):_____

Expiration dates (if any):_____

Description:_____

If you would like to include a dedication in our event program, please specify here.
This donation is made in honor of (person/cause):_____

Donor Estimate of Value:_____
Your contribution may be tax deductible; check with your tax advisor. Dollar value of this donation should be valued by you at the market value at the time of the gift. A receipt will be sent to you.

SOLICITOR

Hillcrest Member Name:_____

Phone 1:_____Phone 2:_____Email:_____

Solicitor's Signature:_____ Date:_____

The Hillcrest Committee raises funds for research, education and services related to cancer.
Hillcrest Committee Tax ID #46-3106746