

# Donor Form



Please return to: **Fax: 604-469-3157 or Mail: Eagle Ridge Hospital Foundation 475 Guildford Way Port Moody, BC V3H 3W9**  
For More Information: **Tel: 604-469-3137 Email: karen.horton@fraserhealth.ca or**  
**Tel: 604-949-8178 Email: maggie.morrison@fraserhealth.ca**

I wish to donate to:  No Preference  Evening of Caring  Charity Golf Classic

Donor Name: \_\_\_\_\_

*(As name will appear in the auction catalogue)*

Authorized Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Item Description:**

(Art and jewellery should include an appraisal. Artist details are appreciated.)

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

**Current Fair Market Value:** \_\_\_\_\_

**Restrictions & Expiry Dates:** List any important conditions pertaining to this donation. Unless otherwise noted below, certificates should be valid until **Sept. 2009**, one year from our last event.

\_\_\_\_\_

**Your donation will be in the form of :**

- Gift Certificate included with this donor form
- Gift Certificate to be mailed
- You have my permission to create a gift certificate
- Item (if pick up is required please call 604-469-3137)

Internal Use Only:  
**Solicitor's Name:** \_\_\_\_\_

Donor Name: \_\_\_\_\_

*(As name will appear in the auction catalogue)*

Authorized Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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