



**Gala 2010 Auction Donation**  
Tax ID # 84-0813462

Thank you for your generosity. Please fill out this form to ensure proper recognition from TCHF.

### Donor Information

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) - \_\_\_\_\_ Fax Number ( ) - \_\_\_\_\_

### Recognition Name

Please list the Recognition Name as you would like it to appear on collateral materials.

\_\_\_\_\_

### Donation Description

If you are donating to more than one event please indicate quantity and item/event correlation in box below and TCHF will duplicate this form.

\_\_\_\_\_

Expiration Date \_\_\_\_\_

Retail Value \$ \_\_\_\_\_

**Restrictions** (if applicable) \_\_\_\_\_

### My donation is a gift certificate(s)

Quantity \_\_\_\_ Value \$ \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Restrictions \_\_\_\_\_

**Please make the expiration date one year from the event date.**

Print Name (Donor): \_\_\_\_\_

Signature: \_\_\_\_\_

**If you have questions, please call:**  
**Anna Villarreal at 720-777-1729**  
**or send an email to:**  
[Avillarreal@TCHFDEN.Org](mailto:Avillarreal@TCHFDEN.Org)

**FAX COMPLETED FORM: 720-777-1799**

### Your Donation:

- Is Included
- Needs to be picked up on \_\_\_\_\_ (date).
- Needs to be created (gift certificate)
- Will be sent on \_\_\_\_\_ (date).

Please note: This donation becomes the property of The Children's Hospital for auction usage. Some items may be packaged.

**The Children's Hospital Foundation**  
**Anschutz Medical Campus**  
**13123 East 16th Avenue, Box 045**  
**Aurora, CO 80045**