

Auction Donation Form

**** Starred items must be completed**

**** Description of Donation**

(Please be specific)

**** Donor's Stated Value** \$ _____ (Value must be filled in)

**** Gift Certificate for donated item** *(check one)* N/A Provided by Donor Please Create for Donor

**** Acknowledgement Listing** *(Please list name or company EXACTLY as it should appear in catalogs and publicity)*

Name _____ Company _____

**** Acknowledgement Letter Mailing Address** *(Information for Office Use Only)*

Donor _____ Company _____
 Address _____ City & State _____ Zip _____
 Phone (____) _____ Email _____

EVENTS / ACCOMMODATIONS / TRAVEL / SERVICES Certificate Expiration Date _____

CONTACT FOR ARRANGEMENTS

Name _____ Company _____
 Address _____ City & State _____ Zip _____
 Phone (____) _____ Email _____ Fax (____) _____
 # People _____ Valid Dates _____ Excluded Dates _____
 Restrictions/Special Instructions _____
 For Lodging Donations # Bedrooms _____ # Baths _____

**** DONOR AUTHORIZED SIGNATURE**

****Each organization will receive the funds that they raise through this event. Please designate the charity recipient that you would like to support:**

Torrance Memorial Medical Center -OR- **Vistas for Children**

Torrance Memorial Foundation Contact: Lisa Takata (310) 891-6605
 All donations of cash, goods or services are tax deductible: TAX ID #95-3528452

-OR-

Vistas for Children, Inc. Contact: Shari Sunada (310) 722-3292
 All donations of cash, goods or services are tax deductible: TAX ID #33-0024472

THANK YOU FOR YOUR SUPPORT!



3330 Lomita Blvd., Torrance, CA 90505-5073
 P: 310-517-4703 • F: 310-784-4964 •
 www.torrancememorial.org



1224 Via Coronel, Palos Verdes Estates, CA 90274
 P: 310-722-3292
 www.vistasforchildren.org