

## **2019 Auction Donor Form**

Please print clearly, complete in detail and email/attach to your donation.

| Solicited By:                          | (for internal use)                 |  |
|--|------------------------------------|--|
| Donor/Company Name:                    |                                    |  |
| Donated Item(s):                       |                                    |  |
| Donor Stated Value:                    | Websi                              | te:  |
| Contact Person:                        |                                    | Phone:                                       |
| Address:                               |                                    |  |
|  |                                    | Zip:   |
| Fmail.                                 |                                    |  |
| This is the email address where your p | oost-event auction receipt v       | will be sent)                                |
|  |                                    |  |
| Complete Description of Item:          |                                    |  |
|  |                                    |  |
|  |                                    |  |
|  |                                    |  |
|  |                                    |  |
| Doctrictions Evaluation Dates          | <b></b>                            |  |
| Restrictions, Expiration Dates,        | , <b>etc.</b> . (we appreciate val | lidity of at least one year from event date) |
|  |                                    |  |
|  |                                    |  |
| Please check one of the follow         | <b>vina:</b> Physical Ite          | em Gift Certificate Enclosed                 |
| i lease check one of the follow        | ing r nysicar ite                  | Please Create Certificate*                   |
|  |                                    | Flease Cleate Celtilicate                    |
| *Contact info for certificate (if c    | different from above):             |  |
|  |                                    |  |
| Please send all donations by N         | March 29th, 2019 to:               |  |
|  |                                    | Attn: Christina Morrissey                    |
|  |                                    | 17 Pasteur                                   |
|  |                                    | Irvine, CA 92618                             |
|  |                                    | christina@tillyslifecenter.org               |

Thank you for your donation to the Tillys Charity Golf Tournament benefiting Tilly's Life Center.

Tax ID: 45-5468732 Please Note: In an effort to optimize your valuable donation, Tilly's Life Center will determine which event your item will be most successful, Tillys Golf Tournament, Stars & Stripes Tournament, the I Am Giving Gala or any additional fundraising initiative.

http://tillyslifecenter.org/2019charitygolf