



Auction Donation Contract

Donor's Name: Mr. Mrs. Ms. Dr. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

Description of Contribution for the Catalog and/or Publicity Purposes:

Retail/Fair Market Value: _____

Additional Information/ Special Instructions:

Specific Name of Donor/ Company to be used for Catalog and/or Publicity Purposes:

Signature of Authorized Donor Printed Name of Authorized Donor Date

Contracts must be received by October 1, 2010 to assure recognition in the Gala program.

2010 Methodist Richardson Medical Center Foundation Gala
401 W. Campbell Road, Richardson, TX 75080 · (972) 498-7678 · Fax (972) 498-7628 · Website: www.yellowandblacktiegala.com
*Since the Foundation is a not-for-profit 501(c)(3) organization, your gift is tax deductible in accordance with IRS regulations.
The Foundation's federal tax identification number is 75-1788520.*

For Foundation Office Use Only

Date: _____ Gala Volunteer Name: _____ Phone Number: _____