Auction Donation Form

PLEASE PRINT
Donor/Business Name (for catalog): ___________________________________________________________
Contact Name (if different from above): _______________________________________________________
Mailing Address: _________________________________________________________________________
City/State/Zip: ___________________________________________________________________________
Email: _________________________________________________________________________________
Phone: _________________________________________________________________________________ Fax: ___________________________________________

Donation (one form per item):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Value of Donation: _______________________________________________________________________

Description of limitations, restrictions, blackout dates and expiration dates
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Solicitor’s Name: _______________________________________________________________________
Item will be mailed by (date): _______________________________________________________________________
Item will be stored or picked up by: _______________________________________________________________________
☐ American Cancer Society has my permission to create a gift certificate.

If no expiration date is provided, the catalog will list the expiration as November 10, 2020. There are no guarantees regarding the sequence of the live auction or catalog acknowledgement placement. All items donated become property of the American Cancer Society and will be used in auctions benefitting the American Cancer Society. Deadline for auction submission is October 15, 2019.

Please return this form and the corresponding donation to the Discovery Ball office via one of the methods listed below:

Fax:
American Cancer Society
ATTN: Sheila Carlson
Fax: 317.344.7820

Mail:
American Cancer Society
ATTN: Sheila Carlson
5635 W 96th Street, Ste 100
Indianapolis, IN 46278

Email:
sheila.carlson@cancer.org

**The American Cancer Society cares about your privacy and protects how we use your information. To view our full privacy policy or if you have any questions, please call the Society at 1-800-227-2345 or visit us online at cancer.org and click on the Auction Donation Form.**

Event Date
November 9, 2019

Event Location
Indianapolis Marriott Downtown

For additional information please contact:
ACS Discovery Ball Office
American Cancer Society, Inc.
North Central Region
5635 W. 96th St., Suite 100
Indianapolis, IN 46278
T: 317.344.7846
F: 317.344.7820
E: sheila.carlson@cancer.org
W:indydiscoveryball.org