



NORRIS COTTON  
CANCER CENTER

a component of  
DARTMOUTH-HITCHCOCK  
MEDICAL CENTER

## Auction Donation Form

Company/Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name (if company): \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Item: \_\_\_\_\_ Retail value: \$ \_\_\_\_\_ Consignment amount: \$ \_\_\_\_\_

Description: \_\_\_\_\_

(Please briefly describe any interesting features about your item or its creation.)

If Gift Certificate, include any restrictions or limitations: \_\_\_\_\_

### For Auction Items:

\_\_\_\_\_ I will deliver my donation to The Golf Shop at the Center at Eastman by Wed., June 25.

\_\_\_\_\_ Please pick up my donation on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

I wish to remain anonymous.

### CERTIFICATE OF DONATION

I understand that all donations become the property of the Eastman Benefit for the Norris Cotton Cancer Center upon issue and authorize them to be used as a means to raise funds to support the Norris Cotton Cancer Center in their efforts to achieve high-impact discoveries and solutions to the problems of cancer. Gift certificates are valid for one year from the date of the auction, unless otherwise noted in the description above.

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_  
Date

**Thank you for your generosity and support for the Norris Cotton Cancer Center.**

For office use only:

Volunteer Solicitor: \_\_\_\_\_ Item # \_\_\_\_\_