



2019 Magic of Hope Gala

November 16, 2019

In-Kind Donation Form



ITEM: _____

ITEM DESCRIPTION: _____ CATEGORY: _____

RESTRICTIONS: _____

CERTIFICATE: NONE ENCLOSED WILL SEND CERTIFICATE NEEDS TO BE MADE

PHYSICAL ITEM: RECEIVED DONOR WILL DELIVER MAKE ARRANGEMENTS FOR PICK UP

ESTIMATED VALUE: \$ _____ PRICELESS

DONOR INFORMATION

BUSINESS INDIVIDUAL ANONYMOUS?

BUSINESS/INDIVIDUAL'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

CONTACT PERSON, IF DONOR IS A BUSINESS

CONTACT: _____ TITLE: _____

PHONE: _____ EMAIL: _____

DONOR SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO:
 American Cancer Society
 Attn: San Diego Invitational
 5333 Mission Center Road, Ste 105
 San Diego, CA 92108
 Fax: 619.293.3319

CONTACT:
 Rosella Saucier
 Sr. Development Manager Distinguished Events
 Office: 619.682.7454 / Mobile: 619.873.7851
 Email: Rosella.Saucier@cancer.org

ACS, Inc. Tax ID# 13-1788491
 NOTE: You will receive a letter with your donation.

American Cancer Society does not accept consignment items of any kind.