

PROVIDENCE HEALTH PLANS CHARITY AUCTION DONATION FORM

3601 SW Murray Blvd., Ste 10, Beaverton, OR 97005 • 503-574-7425 or FAX 503-574-8146

Please keep a copy of this form as your tax donation receipt

Please list any item(s) you would like to donate. Providence Health Plan will match all donations. Please include as much information about your donation as possible, including restrictions or exclusions. Feel free to also include any brochures, photos or other materials. Providence Health & Services is a nonprofit organization and as such the value of your donation is tax deductible. Tax ID#:93-0863097.

The Charity Auction is April 4, 2013. If possible, we would appreciate your response by March 22, 2013.

Item Description (any restrictions): _____

Donor/Business Name: _____ Estimated Donation Value \$: _____

Signature: _____ Contact Name & Phone: _____

Address: _____

Unless otherwise specified, all donations are understood to be valid for one year from date of auction.

Please check appropriate statement(s).

- | | | |
|---|---|--|
| A. <input type="checkbox"/> Gift Certificate | B. <input type="checkbox"/> Merchandise | C. <input type="checkbox"/> Cash Gift |
| <input type="checkbox"/> Donor will provide | <input type="checkbox"/> Donor will deliver | <i>(Payable to Providence Health Plan)</i> |
| <input type="checkbox"/> Health Plan will provide | <input type="checkbox"/> Health Plan will pick up | <i>(Please provide instructions below)</i> |

Pick up instructions (at your convenience): _____