

Rose Bids



on Broadway

Auction and Gala benefitting Saint Elizabeth Community

Rose Bids Auction & Gala
Friday, September 8, 2017

Gift Agreement Form
(Please print)

Item Name: \_\_\_\_\_ (As it should be listed)

Item Description: (Please be specific, it will help us to best present your donation in the program book.)

Restrictions, if any: (Please be as specific as possible)

Value: \$ \_\_\_\_\_ Donor's signature: \_\_\_\_\_

Date Requested \_\_\_\_\_ Response: [ ] Yes [ ] No Date \_\_\_\_\_ Received: \_\_\_\_\_ Date \_\_\_\_\_

Available image, photo or brochure provided? [ ] Yes [ ] No

Information on web site: \_\_\_\_\_

(Print website address here)

Brochures, flyers, or photos will enable us to better present and represent your business and service. Please send them with this form.

Donor Information: Name/Company Name:

(Please list exactly as you wish to be acknowledged in the auction program)

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

Street City State Zip

Contact: \_\_\_\_\_

Phone Fax Email Address

Name of volunteer securing donation: \_\_\_\_\_ Phone: \_\_\_\_\_

For additional information, please contact:

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Date Received: \_\_\_\_\_ Date Acknowledged: \_\_\_\_\_ Location: \_\_\_\_\_

Date Entered - RE \_\_\_\_\_ Date Entered - GG \_\_\_\_\_ Reviewed By: \_\_\_\_\_