



# St. Joseph's Hospitals Foundation

## Auction Donation Form

### Donor Information:

Individual or Company Name: \_\_\_\_\_

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

Title (if applicable): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Items and services provided become the property of St. Joseph's Hospitals Foundation for the purpose of its event and may be presented in a manner deemed appropriate.

### Donation Details:

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

Donor Declared Value: \_\_\_\_\_

Restrictions (if applicable): \_\_\_\_\_

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Solicitor's signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

- **Please have your donation mailed or delivered to the foundation office.**
- **If you need to have your donation picked up please call the Foundation directly to make arrangements.**

**Thank you for your generous contribution!**

Please fax or mail a copy of this form to:

St. Joseph's Hospitals Foundation

2700 W. Dr. MLK Jr. Blvd.

Suite 310

Tampa, Fl. 33607

Phone: (813) 872-0979 ext. 241

Fax: (813) 872-9393

[www.stjosephshospitalfoundation.org](http://www.stjosephshospitalfoundation.org)