



We hope we can count on your help this year with the donation of a gift or service to be offered for auction at Place of Hope's **Inaugural Peninsula Dinner** held on October 18, 2019.

Proceeds directly benefit the children and families served by Place of Hope, a 501 (c)(3) charitable organization.

Submitting your donation is easy.

Please complete the **AUCTION DONATION RECEIPT FORM** which provides us with information about you and your item.

- You may mail or deliver your donated item directly to Place of Hope (see address below), or call 561.775.7195 to request we pick up your donation.
- Please note that by signing the document attached you agree that your donation becomes property of Place of Hope.
- Please keep the duplicate copy of the donation form as your receipt.

We hope to have all donated auction items with completed donation forms in hand by **October 7, 2019** to allow us time to prepare for the auction. However, we are trying to obtain donations as soon as possible.

Thank you for your time and consideration. Your generosity will help ensure a successful event that will benefit children and families now and into the future.

Sincerely,

Kara Johnson

Advancement Associate

Karaj@placeofhope.com



**PENINSULA DINNER
AUCTION DONATION RECEIPT FORM**

***Indicates required field**

Estimated Value: \$ _____ * Requested Minimum Bid: \$ _____ *

Item Name: _____

Item Description: **Include restrictions and expiration* _____

Special Requirements/Notes: Yes/No If yes, please explain:

Donor's Name: * _____

Name of Business/Organization: _____

Address: * _____

City: _____ State: _____ Zip: _____

Phone: * _____ Fax: _____

Email: * _____ Website: _____

Thank you for your support!

Place of Hope, Inc. is a 501c3 tax-exempt charitable organization. Please retain copy of receipt for your records.

**Place of Hope Tax ID # 85-8012546695C-5
EIN # 65-0841384**

By signing this document you agree that the donation becomes property of Place of Hope, Inc. It is up to Place of Hope to determine the best method to generate funds raised from the donated good or service. All sales will benefit Place of Hope.

Signature: * _____ Date: * _____

Printed Name: * _____

Office Use:
____ Item returned with form ____ Item to be picked up at later date: Date/Time: _____

Place of Hope, Attn: Kara Johnson
9078 Isaiah Lane, Palm Beach Gardens, FL 33418
561-775-7195 • 561-775-1758 (fax)
Karaj@placeofhope.com

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT OR APPROVAL OR RECOMMENDATION BY THE STATE.