



2024 Taste of Hope Charlotte

Auction Donor Form

Please print all names legibly and exactly as they should appear in all publications.

Company/Donor _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Auction Item Donated _____

Value \$ _____ Time/Exchange Restrictions (if applicable) _____

Deadline/Blackout dates (if applicable) * _____

**All certificates will expire one (1) year after event, unless otherwise specified.*

Pick up instructions (if applicable) * _____

**All items must be received by 9/10/23*

Signature of Donor _____ Title _____

Committee Member _____

PLEASE RETURN COMPLETED FORM TO:

Joyce.caronmercier@cancer.org

For more information please call: 704.906.4547

Taste of Hope Charlotte Gala Committee sincerely thanks you for your donation which benefits the American Cancer Society by providing funds to promote education, provide patient services and further cancer research.

Each donation will receive a tax-deductible confirmation letter.

For Office Use Only

Item Number _____ / Package Number _____ Location
for pick up _____