



*Novato Community  
Hospital*

A Sutter Health Affiliate

*With You. For Life.*

# 20<sup>th</sup> Annual NCH Golf Tournament

*Indian Valley Golf Course, Novato  
July 25, 2007*

## Prize/Auction Donation Form

**Company Name:** \_\_\_\_\_  
*(please print as you would like to be acknowledged)*

**Contact Name** *(if different):* \_\_\_\_\_

**Address:** \_\_\_\_\_  
*(Street) (City) (State) (Zip code)*

**Contact Info:** \_\_\_\_\_  
*(Day phone) (Fax) (E-mail address)*

**Prize** *(please describe):* \_\_\_\_\_

**Signature of Donor:** \_\_\_\_\_ **Value of Prize: \$** \_\_\_\_\_  
*(Fair market value of donation)*

**Solicitor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### INFORMATION FOR DONORS:

1. Unless otherwise specified, all items and services are to be redeemed before July 25, 2008.
2. Purchaser/recipient is responsible for contacting the donor to arrange delivery.
3. Restaurant gift certificates do not include tax, gratuity or alcoholic beverages.
4. Marin Community Health Foundation Tax I.D. #94-6127213.
5. Verbal pledges cannot be accepted. Written confirmation and description of donation is required. We must have all the information on this form in order to register your donation.

If donating a tangible item, please provide delivery information. If there is a gift certificate, please mail to the address below. If appropriate, include display materials so that we can better promote your donation.

*Thank you very much for your donation.*

### MAIL THIS FORM TO:

**MARIN COMMUNITY HEALTH FOUNDATION, ATTN: TERESA TOY  
4000 CIVIC CENTER DRIVE, SUITE #150, SAN RAFAEL, CA 94903  
or FAX TO: (415) 492-4731**

### For Office Use Only:

<input type="checkbox"/> Entered in Excel	<input type="checkbox"/> TY Letter	<input type="checkbox"/> Gift Certificate	Certificate location: _____	Location of Physical Item: _____
<input type="checkbox"/> Entered in R/E	<input type="checkbox"/> Copy attached	<input type="checkbox"/> Copy attached		
<input type="checkbox"/> Gift Received	Value \$ _____			
Display, pick-up or other information: _____ _____			Category _____	Notes:
Completed: _____ Initial: _____			Silent Auction # _____	