



Light the Way

Online Auction Event

A benefit for **American Childhood Cancer Organization Inland Northwest** PO Box 8031
Spokane, WA 99203

(509) 443-4162 or (509) 995-5431

www.acco.org/inlandnw

Scan and email to: lesliewoodfill@accoinlandnw.org

Donor/Business Name		Charitable Non-Profit 501(c)3 91-1890353	
Contact (First & Last Name)		Email Address	
Address			
City/State/Zip		Telephone	
DONATED ITEM (Please use a separate form for each item)		Value of Donation \$	
DETAILED DESCRIPTION (Include size, color, brand, model number, any restrictions, days available, expiration date, location)			
<p>THIS ITEM IS A:</p> <p><input type="checkbox"/> Tangible Item (chair, car, clothing, etc)</p> <p><input type="checkbox"/> Tangible item accompanies this form</p> <p><input type="checkbox"/> Item will be delivered _____</p> <p><input type="checkbox"/> Label with Donor's Name</p> <p><input type="checkbox"/> Intangible Item (gift certificate, service, trip, etc)</p> <p><input type="checkbox"/> Business certificate attached</p> <p><input type="checkbox"/> Form completed at bottom (signature required)</p>			
SIGNATURE OF DONOR		DATE	PROCURER'S NAME
			PHONE
If the item is intangible and your own certificate is not attached, please complete certificate below.			

Gift Certificate	
The following was donated to the Light the Way Auction:	
Item _____	
Any Restrictions - Available: <input type="checkbox"/> Anytime <input type="checkbox"/> Only on _____ <input type="checkbox"/> Other _____	
To obtain, Contact: _____ Phone _____	
OR: <input type="checkbox"/> Bring to Company <input type="checkbox"/> Other _____	
Certificate Expires: <input type="checkbox"/> One Year from Auction <input type="checkbox"/> Other _____	
Business / Donor Name: _____ Phone _____	
Address _____ City _____	
Email Address _____	
Authorized by (Name): _____ Title _____	
(Signature): _____	