Hospice of the Valley Western Gala
Friday, May 14th, 2010

AUCTION ITEM COMMITMENT FORM

Please Print!

DATE**:**	**Fax to**: Hospice of the Valley **408.559.3462**
TO: **Danae Schacher, Special Events Manager**	
YOUR COMPANY NAME:	
CONTACT NAME:	**TITLE:**
ADDRESS: _____ Street City State Zip	
PHONE: _____ Area Code	**FAX:** _____ Area Code
EMAIL:	**WEB:**

DESCRIPTION OF DONATED GOODS AND/OR SERVICES: Please use a typewriter or print neatly. Please include any promotional information to help showcase item. ***Describe your donation in detail, please include any blackout dates and any restrictions.***

Fair Market Value of Donated Items: $ _____

If unable to send certificate, what is the date the item is available for pickup:

Date available: _____

Hospice of the Valley Federal ID Number: 94-2803411
4850 Union Ave., San Jose, CA 95124