



**American Cancer Society  
Harvesting Hope  
Auction Commitment Form**

Description *Please be complete* (i.e. color, size, quantity, number of people, etc.) \_\_\_\_\_

Restriction/Instructions/Expiration (if applicable) \_\_\_\_\_

Donor Stated Retail Value \_\_\_\_\_

**Donor Information**

**Individual Donor/Company or Organization** \_\_\_\_\_

*(As to appear in program & thank you letters)*

**Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_

*American Cancer Society Representative*

**For Tangible Items:**

Item accompanies commitment form:

Yes \_\_\_\_\_ No \_\_\_\_\_

Donor will deliver (or ship) to ACS office on:

(date) \_\_\_\_\_

Donor Requests ACS contact to schedule pickup:

(date) \_\_\_\_\_

**For Intangible Items:**

(Donor please include appropriate display materials)

Certificate accompanies commitment form

Yes \_\_\_\_\_ No \_\_\_\_\_

Donor will provide a certificate by:

(date) \_\_\_\_\_

Donor Grants ACS permission to create certificate:

\_\_\_\_\_

This is a cash donation: Check enclosed \_\_\_\_\_

Gala invitation requested: Yes \_\_\_\_\_ No \_\_\_\_\_

**American Cancer Society, North Central Region – Shari Green, Event Manager**

10501 Euclid Ave. Cleveland, OH 44106 t:) 888.227.6446 ext. 1223 f:) 877.227.2838

*\*\*Please note that a tax acknowledgement detailing your contribution will be sent to the address listed above upon receipt of the item\*\*\**

*The American Cancer Society 501c3 number is: 13-1788491*