



# 2024 Lobster Extravaganza Auction Donation Agreement

Please print all information, keep the bottom pink copy for your records, and return top copy with your donation by April 10, 2024 to:

Inova Health Foundation ■ Attn: Brooke Williams ■ 8095 Innovation Park Drive ■ Fairfax, VA 22031

LobsterExtravaganza.org

For questions, contact Brooke Williams at 757-633-4353 or Specialevents@inova.org

*~Please return this form by April 10, 2024 to be included in the auction program~*

**Item Description** - This will be your donation’s description in the program, please include as much information as possible.

**Estimated Value of Donation** \$ \_\_\_\_\_

*All donations to Life with Cancer Auction are tax deductible as allowed by law. Federal Tax ID: 54-1071867*

**Expiration date of item** (if applicable) \_\_\_\_\_ *Please note the date of the event is May 4, 2024.*

**Are there any limitations, blackout dates or restrictions?**  No  Yes **If yes, please describe in detail.**

**Pickup/Delivery Instructions of Auction Donation Items - All items must be received by April 10, 2024**

Donor delivery by April 10  Item delivered or requires only this form  Item requires pick –up

Please deliver auction items to: Inova Health Foundation ■ 8095 Innovation Park Drive ■ Fairfax, VA 22031

**Display Material - please note, the display area is limited. We encourage you to send brochures and business cards.**

Please return this display material after the event.

**Please complete all information below so we may reach you if we have any questions regarding your donation.**

**Donor Name(s):** \_\_\_\_\_

Please print clearly - this will be your “donated by” listing in the auction catalog.

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Donor Address:** \_\_\_\_\_  
Street City State Zip

**E-Mail:** \_\_\_\_\_

**Donor’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We regret that we are unable to donate an item to the auction, but please accept this donation, made payable to Life with Cancer in the amount of \$ \_\_\_\_\_.



**Office Use Only**  
Date Form Received \_\_\_\_\_  
Donation Approved by \_\_\_\_\_