



AUCTION COMMITTEE USE ONLY	
Item #:	_____
Package #:	_____
Date Received:	_____
Initials:	_____

SOUND  
 6400 Southcenter Blvd  
 Tukwila, WA98199

## AUCTION PROCUREMENT/PURCHASE FORM

<b>TITLE OF ITEM</b>	
<b>FAIR MARKET/ESTIMATED VALUE</b>	
\$ _____	
<b>CHECK ALL THAT APPLY:</b>	
<input type="checkbox"/> <b>ITEM</b> (please attach this form to item)	
<input type="checkbox"/> <b>GIFT CERTIFICATE</b> (attached)	
<input type="checkbox"/> <b>CREATE GIFT CERTIFICATE</b> (use information provided on this form)	
<input type="checkbox"/> <b>ITEM TO BE DELIVERED</b>	Date: _____ Phone: _____
<input type="checkbox"/> <b>ITEM TO BE PICKED UP</b>	Contact name: _____ Phone: _____
<input type="checkbox"/> <b>CASH CONTRIBUTION</b>	Please indicate contribution amount. \$ _____
<b>DETAILED DESCRIPTION</b> (Quantity, size, color, or other information to ensure proper understanding of the donated item):	
<p><b>Please note:</b> We are unable to accept most art, clothing and shoes, software, used items, and most professional services (photography, chiropractic care, or financial services).</p>	
<b>RESTRICTIONS/EXPIRATION DATE</b> (Limitations, special conditions):	
<b>SOLICITING CONTACT</b> (For donation/procurement credit)	Name: _____ Phone: _____

**DONOR INFORMATION**

(As it should appear in the catalogue)

Name:	Email:	Phone:
Address:	State:	Zip:
Contact name for arrangements:	Contact phone:	

Questions? Contact [Sydney.sewell@sound.health](mailto:Sydney.sewell@sound.health)

Please scan & send the completed form to [Sydney.sewell@sound.health](mailto:Sydney.sewell@sound.health)