

39th Annual Gentle Doctor Benefit  
Auction Item Form

For Office use:  
Received by: \_\_\_\_\_  
Date received: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Company: (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Company to appear in GDB promotions: \_\_\_\_\_

Please write it here exactly how you would like it to appear.

Describe in detail the item(s) you are donating. Please specify dimensions, materials, inspiration, history, etc.

Item #1 *Est. Value* \_\_\_\_\_

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Item #2 *Est. Value* \_\_\_\_\_

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Item #3 *Est. Value* \_\_\_\_\_

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**Items must be NEW & UNUSED. Use of donated items is up to the discretion of the Advancement team.  
Donations should be received by March 27, 2026.**

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

I would like a charitable contribution receipt \_\_\_ yes \_\_\_ no

Melissa Wolf - Event Coordinator  
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