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Live/ Silent Auction Donation Form

**Holiday Home Tour "Hearts Aglow" Gala
Friday, December 6, 2024 | The Hyatt Regency Valencia**

Name _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name as it should appear for recognition: _____

I/We wish to remain anonymous: _____

Please describe the in-kind donation(s) you are making to Henry Mayo Newhall Hospital Foundation below. The donor will receive a gift acknowledgement that describes the gift. No value will be placed on the donor's receipt. Any goods or services the donor receives will be stated on this receipt.

Description: _____ Donor's stated value: \$ _____

(Please attach receipts, invoices or other documentation, if available. When the value of the donation is greater than \$5,000 an independent appraisal is required.)

Donor

Signature: _____

NOTICE: Donor may be required to file IRS Form 8283 with his/her personal return. These forms may be found at www.irs.gov/forms_pubs/index.html. It is recommended that they consult with their personal tax advisor.

Please mail/fax/scan completed form to **Renee Leon, Foundation Manager:**

Henry Mayo Newhall Hospital Foundation [Federal Tax ID #95-3849903](https://www.irs.gov/efile)

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