

OFFICE USE ONLY: Date received: _____



**2016 HALLOWEEN EXTRAVAGANZA
LIVE AND SILENT AUCTION DONATION FORM**

I/We would be pleased to donate an item, to the 2016 ACTSS Halloween Extravaganza.
PLEASE PRINT – Thank you!

Item Description: _____

Approximate Retail Value: _____

Your Full Name: _____

Company Name (if applicable): _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Tax Receipt Required: Yes _____ No _____

If you require a tax receipt for your donated product, please provide an invoice or receipt with your item and we would be pleased to send you a tax receipt for items valued at or above \$25.00

If you would like your item picked up within the Edmonton area please indicate:

Date item will be ready for pick up: _____

Location item can be picked up from: _____

Your hours of operation: _____

Please note: All items need to be delivered, mailed (certificates can be mailed) or picked up no later than October 1, 2016. Thank you in advance.

**Please complete this form and send to:
Carol Nelson, Animal Cancer Therapy Subsidization Society
162 Bonnie Doon Shopping Centre
PO Box 68224 Bonnie Doon RPO Edmonton, AB T6C 4N6
or scan to halloweenextravaganza@actssalberta.ca
or fax to (780) 466-4870**

***We sincerely appreciate your donation and helping pets LIVE with cancer!
ACTSS Charitable Registration Number 88330 0626 RR0001***