

2025 Item Donation Form

Deadline for Donations & Drop-off: **December 16, 2024**

| OFFICE USE ONLY | | | | | | | |
|-----------------|--|--|--|--|--|--|--|
| ITEM#: | | | | | | | |
| DATE: | | | | | | | |

INSTRUCTIONS: Please complete and submit the form below.

The solicitor, donor, and our Development Associate will receive an email confirmation including all of the information submitted in this form.

NEW PROCEDURE:

- · For all physical items, please print out your email confirmation and keep the printout with the item.
- Deliver the item (along with any appropriate documentation, such as certificates of authenticity, care instructions, etc.) and the printout to the CFFNM office (2009 Botulph Road, Suite 100, Santa Fe, NM 87505) by Monday, December 16, 2024.
- If your item is a gift certificate, please mail it, along with a printout of your email confirmation by Monday, December 16, 2024 to the Cancer Foundation for New Mexico (CFFNM) at PO Box 5038, Santa Fe, NM 87502.
- This form below must be submitted and delivered by Monday, December 16, 2024.
- All donated items become the property of CFFNM, to be monetized as it deems appropriate, unless arrangements to reclaim unsold items are made in advance.

PLEASE DIRECT COMPLETED FORMS & QUESTIONS TO:

Libby Boyle Development Associate (505) 955-7931 x. 405 items@cffnm.org

Email item photo(s) to: items@cffnm.org

| ITEM DESCRIF | PTION | | | | | | |
|--|--|--|--|--|---|---|-----------------------------------|
| Item Name: | | | | | Value: | | |
| | (e.g. The Tree of Life by | Gustav Klimt, oil paint | ing on canvas, 19 | 009; Compound | d Restaurant \$ | 500 Gift Carc | 1) |
| Merchandise | Gift Cetificate | Expiration date: | G | ift certificate p | provided by do | nor? YES | NO |
| affiliation if ger Native Americo include design | mane), year made, man In jewelry, include mal er. If the donation is a | we can write a compel edium, if an editioned p ker, tribal affiliation, app dining experience, is gr eady to hang. We cann | piece the edition proximate year matuity or alcohol | number, wheth nade, and con included? Plea | her framed, an stituent materi ase list any exc | nd dimension ials. For fashic clusions or res | s. For on items, strictions |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| DONOR INFO | RMATION | | | | | | |
| Donor Type | e: Individual | Business | | | | | |
| Donor Name | e: | | | | | | |
| Contac | | of anyone who should b | oe recognized. Lis | t as it should a | appear in print. | | |
| Information | | | | | | | |
| | Please list name o | f individual who approv | ed the donation. | | | | |
| ADDRES | ss: | | | | | | |
| CI | ту: | | STATE: | | ZIP CODE: | | |
| PHONE: | | EMAIL: | | | | | |
| SOLICITOR IN | FORMATION | Importan | t: Please keep a c | completed for | m with the don | nated item. | |
| Solicitor Name | e: | | | | | | |
| PHONE: | | EMAIL: | | | | | |