

2026 Item Donation Form

Deadline for Donations & Drop-off: **December 15, 2025**

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 15, 2025.
- If your item is a gift certificate, please mail it, along with a printout of your email confirmation by Monday, December 15, 2025 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 15, 2025.
- 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 DESCRIPTION	ON						
Item Name:					Value:		
(e.ç	g. The Tree of Life by	Gustav Klimt, oil p	ainting on canvas	, 1909; Compoun	nd Restaurant \$	500 Gift Card)
Merchandise	Gift Certificate	Expiration date:		Gift certificate	orovided by dor	nor? YES	NO
affiliation if germa Native American je include designer. I	led as possible so w ne), year made, me ewelry, include mak f the donation is a d We cannot accept f	dium, if an edition er, tribal affiliation, ining experience, i	ed piece the edition, approximate yea is gratuity or alcob	on number, whet r made, and con nol included? Ple	ther framed, an estituent materi ase list any exc	id dimensions ials. For fashic clusions or res	i. For on items, trictions
DONOR INFORM	ATION						
Donor Type:	Individual	Business	s 🗌				
Donor Name:							
	Please list names o	f anyone who shou	uld be recognized.	List as it should o	appear in print.		
Contact Information:							
	Please list name of	individual who app	proved the donation	on.			
MAILING ADDRESS:							
СІТҮ:			STATE:		ZIP CODE:		
PHONE:		EMAIL:					
SOLICITOR INFO	RMATION (If app	olicable) ım	portant: Please ke	ep a completed	form with the o	donated item	
Solicitor Name:							
PHONE:		EMAIL:					