CANCER FOUNDATION for NEW MEXICO

SWEETHEART Auction

2027 Item Donation Form

Deadline for Donations & Drop-off: December 18, 2026

OFFICE USE ONLY	
ITEM#:	
DATE:	

INSTRUCTIONS: Please complete and submit this form.
The item coordinator, donor, and our Development Associate will receive an email confirmation that includes all information submitted in this form.

PROCEDURE:

- Deliver the item (along with any appropriate documentation, such as certificates of authenticity, care instructions, etc.) to the CFFNM office (2009 Botulph Road, Suite 100, Santa Fe, NM 87505) by **Friday, December 18, 2026**.
- If your item is a gift certificate, please mail it, along with a copy of this form by **Friday, December 18, 2026,** to the Cancer Foundation for New Mexico (CFFNM) at PO Box 5038, Santa Fe, NM 87502.
- 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.

THIS FORM AND ALL ITEMS MUST BE SUBMITTED AND DELIVERED BY FRIDAY, DECEMBER 18, 2026

PLEASE DIRECT COMPLETED FORMS & QUESTIONS TO:

Amanda Swanson
Development Associate
(505) 955-7931 x. **406**
items@cffnm.org

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

ITEM DESCRIPTION

Item Name: _____ **Value:** _____

(e.g. The Tree of Life by Gustav Klimt, oil painting on canvas, 1909; Compound Restaurant $500 Gift Card)

Merchandise ☐ **Gift Cetificate** ☐ Expiration date: _____ Gift certificate provided by donor? **YES** ☐ **NO** ☐

Please be as detailed as possible so we can write a compelling description. For artwork, include artist's name (and tribal affiliation if germane), year made, medium, if an editioned piece the edition number, whether framed, and dimensions. For Native American jewelry, include maker, tribal affiliation, approximate year made, and constituent materials. For fashion items, include designer. If the donation is a dining experience, is gratuity or alcohol included? Please list any exclusions or restrictions that apply. **NOTE: Artwork must be ready to hang. We cannot accept furniture or sized garments (only one-size-fits-all).**

DONOR INFORMATION

Donor Type: **Individual** ☐ **Business** ☐

Donor Name: _____

Please list names of anyone who should be recognized. List as it should appear in print.

Contact Information: _____

Please list name of individual who approved the donation.

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **EMAIL:** _____

ITEM COORDINATOR INFORMATION

Important: Please keep a completed form with the donated item.

Name: _____

PHONE: _____ **EMAIL:** _____

All proceeds benefit the **Cancer Foundation for New Mexico**, a 501c3 corporation, Tax ID 41-2079799.