



Presented by



August 5, 2020

The Polo Meadow at Saratoga Casino Hotel
saratogahospitalgala.org

Auction Donor Commitment Form

Online submission available at saratogahospitalgala.org

Yes, I would like to support Saratoga Community Health Center at the level indicated below:

Auction item valued at \$10,000 or over

Auction item valued at \$1,000 or over

Auction item valued at \$5,000 or over

Auction item valued at \$500 or over

Auction item valued at \$2,500 or over

Auction item valued under \$500

Please fill out completely and return by April 30, 2020.

Individual or Business Name (as you wish to be recognized):

Contact Name: _____ Title: _____

Mailing Address: _____

Phone: _____ Email Address: _____

Website (if applicable): _____

Program Artwork Contact: _____ Email Address: _____

Donation Information:

Provide **exact** description for event program, including **expiration date** and any **restrictions**.

If you are donating services or an experience, would you like us to create a certificate? Yes No, I will provide.

Retail Value: _____ Signature: _____

Questions? Contact Klare Ingram at 518.583.8765 or kingram@saratogahospital.org.

Mail form to: Saratoga Hospital Foundation
ATTN: GALA
211 Church Street, Saratoga Springs, NY 12866

Email: acarroll@saratogahospital.org
Fax: 518.583.8662