



# 2017 BASH FOR THE BUDDIES AUCTION CONTRIBUTION CONTRACT

## CONTRIBUTION INFORMATION

NAME OF CONTRIBUTOR (Circle alphabetizing letter) \_\_\_\_\_

NAME OF CONTACT PERSON \_\_\_\_\_

ADDRESS | CITY | STATE | ZIP \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ CONTACT FAX \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## DONATION TYPE

ITEM RETAIL VALUE \$ \_\_\_\_\_

Gift Certificate       Enclosed       Donor will deliver by \_\_\_\_/\_\_\_\_/2017

Item       Enclosed       Buddy Program to pick up

Description as you would like it to appear in the event materials (not to exceed 40 words):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

The Buddy Program reserves the right to edit descriptions. Retail value must be stated on contract.  
Only items valued at \$1,000 or above will be accepted for the auction.

## INCLUSION DEADLINE: June 15, 2017 – Deadline to be included in the Auction

CONTRIBUTOR/COMPANY Name to be listed in event materials, Thank You ad & Annual Report  
(Circle Alphabetizing letter):

\_\_\_\_\_

Please select an option below:

I do not wish to be listed in print materials.

## BUDDY PROGRAM

NAME OF SOLICITOR \_\_\_\_\_

SOLICITOR CONTACT NUMBER AND EMAIL \_\_\_\_\_

ALL BIDDING INFORMATION IS CONFIDENTIAL. THE BUDDY PROGRAM WILL NOT RELEASE WINNING BID AMOUNT TO DONORS.

\_\_\_\_\_  
Solicitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contributor

\_\_\_\_\_  
Date

Please return this Contribution Contract to:

The Buddy Program | 110 East Hallam Street, Suite 125 | Aspen, CO 81611  
P 970.920.2130 | LauraS@buddyprogram.org |  
www.buddyprogram.org

FOR OFFICE USE ONLY      Date Received in Office: \_\_\_\_\_      Item Number \_\_\_\_\_  
 Description form complete       Artwork received       Item received       Display received