

AUCTION ITEM CONTRACT

AUCTION DONOR NAME: _____
AUCTION DONOR CONTACT: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ FAX: _____
E-MAIL: _____ ATTENTION: _____

**2008 PHILADELPHIA CRYSTAL BALL
LIVE AND SILENT AUCTION**

I WILL DONATE THE FOLLOWING AUCTION ITEM: _____

ESTIMATED VALUE _____

DESCRIPTION OF THE ITEM: _____

PLEASE PICK UP THE ITEM:
CONTACT: _____ DATE: _____
ADDRESS: _____
CITY/STATE/ZIP _____

- I WILL DROP OFF THE AUCTION ITEM
 I WILL MAIL IN THE AUCTION ITEM

**** ALL AUCTION ITEMS SHOULD BE DROPPED OFF OR MAILED TO:
THE TEAL RIBBON OVARIAN CANCER RESEARCH FOUNDATION, INC.
C/O EXPERT EVENTS
123 S. BROAD STREET, SUITE 2035
PHILADELPHIA, PA 19109**

SIGNATURE

I HEREBY AGREE TO THE TERMS OF THIS PAGE

SIGNATURE _____ TITLE _____

NAME _____ DATE _____

TO PURCHASE TICKETS TO THE PHILADELPHIA CRYSTAL BALL:

- PLEASE MAIL ME AN INVITATION
 I WILL PURCHASE TICKETS ONLINE AT WWW.PHILACRYSTALBALL.ORG

FOR PAYMENT BY CREDIT CARD PLEASE CALL 610-459-8783
ALL DONATIONS SHOULD BE MADE PAYABLE TO: TROCRF, INC AND MAILED TO:
The Teal Ribbon Ovarian Cancer Research Foundation, Inc. (TROCRF)
8 Sawmill Road
Glen Mills, PA 19342
610.459.8783 WWW.TROCRF.ORG