



Auction Item Donation Friday, November 1, 2019 6:00 pm Chateau Lacombe Ballroom

Individual/Contact Name:	
Company Name:	
Address:	
City:	
Phone: Ema	il:
Please Note: Goods and Services Tax	does not apply to Charitable Donations)
Item Description (as you would like it to appear in print)	
Donor Signature	Date
PLEASE CHECK ONE	
Charitable Tax Receipt Requested	No Receipt Required
TAX INFORMATION: (As per CRA Guidelines)	
ensure that an invoice is submitted with this fo	ble Tax Receipt for their Gift In Kind Donation, please orm or included with your prize upon pick-up. The invoice ot value. As per Canada Revenue Agency (CRA) guidelines,

Please mail or fax form to:

Daria Luciw, St. Michael's Health Group, 7404 – 139 Avenue, Edmonton, AB T5C 3H7 Phone: 780.472.4791 Fax: 780.472.4779 Email: dluciw@smhg.ca

gift certificates & donation of services are not eligible for tax receipts.

Care with Love and Dignity Charitable #108032483RR0001