

WISHES COME TRUE

online auction donation form

the opportunity to save a life is a wish away



DONOR INFORMATION

Business/Donor Name:

Contact Name:

Address:

Phone:

City:

Postal Code:

ITEM INFORMATION

Item:

Estimated dollar value:

Item Description; Please include the quantity, size, color, number of persons, days/nights and all restrictions.

Mark appropriate box:

- Delivery of item by Donor
- Item to be picked up by Foundation
- Date available: _____

Signature:

Date:

Auction Dates: Friday, November. 1 - Friday, November 8, 2024

Please return this form no later than Friday, October 25, 2024

Questions & Inquiries: Contact the Foundation at 780-980-4536 or
Email: lchfoundation@ahs.ca

All Donors will be recognized in print materials for this event



Leduc Community
Hospital Foundation

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[@lchfoundation](https://twitter.com/lchfoundation)