



AUCTION FORM

Name/Company _____

I am pleased to donate the following to be auctioned at the 2019 Grand Gala:

Donated Service/Item* _____

Value** _____

Description / Restrictions for Auction: _____

If you are enclosing a gift certificate, please extend the expiration date to March 16, 2020.

- Item enclosed / attached
- Item requires pickup
- Item will be delivered to Foundation
- Item will be delivered to auction location

Contact Person _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Donor Signature _____ Email _____

- I am unable to attend, but am enclosing a contribution of \$ _____
- Please send me additional information regarding sponsorship opportunities for the Grand Gala.
- I am interested in purchasing a table/ticket for this event.

*One sheet per item.

**All donors will receive an acknowledgement letter from Baptist Health Foundation for tax purposes.

***Minimum bids on auction items start at 30% of the fair market value unless donor states otherwise. All unsold items will be used at future Baptist Health Foundation fundraising event, unless specifically requested to be returned by the donor.

Return in the enclosed envelope to Baptist Health Foundation or email to
Events@BaptistHealth.net by Friday, March 8, 2019.

Committee Contact Person: _____

Donor information is strictly confidential and is never shared or sold to other organizations. Please consult your tax adviser for information on your donation.

Baptist Health Foundation • 1575 San Ignacio Avenue • Coral Gables, FL 33146
Main: 786-467-5400 • Fax: 786-533-9797 • Email: Events@BaptistHealth.net



FOR INTERNAL USE ONLY Event ID: GG 2019 Fund 10021 Appeal _____		Donor RE # _____	
Moves Manager _____	Solicitor _____	Soft Credit _____	RE # _____



AUCTION FORM

Please designate my contribution to:

CENTERS OF EXCELLENCE:

- Miami Cancer Institute:** advancing cancer care through research
- Miami Cardiac & Vascular Institute:** supporting the vision for discovery and innovation
- Miami Orthopedics & Sports Medicine Institute:** benefiting groundbreaking research initiatives and outcomes

ENTITIES:

- Baptist Health Medical Group:** benefiting the Medical Staff Well-Being Fund
- Baptist Hospital:** supporting the modernization of the facility's main entrance and lobby, NICU and surgical suites
- Baptist Outpatient Services:** supporting the implementation of telehealth solutions and the addition of a behavioral health navigator
- Bethesda Hospital:** extending access to superior care
- Doctors Hospital:** benefiting groundbreaking research initiatives and outcomes
- Fishermen's Community Hospital:** benefiting a new Fishermen's Community Hospital
- Homestead Hospital:** supporting essential equipment for one of the busiest Emergency Departments in South Florida
- Mariners Hospital:** expanding our emergency services to better care for our community
- South Miami Hospital:** creating a new, expanded home for the Center for Spine Care
- West Kendall Baptist Hospital:** supporting academic programs for resident physicians, nursing and allied health students across Baptist Health
- Unrestricted gift to **Baptist Health South Florida** to be used where the need is greatest

I am unable to attend, but enclosed is my contribution of \$ _____ fully tax deductible.

*Gift can be divided between entities.