



HF Connecting Health  
Nurse Practitioner-Led Clinic

# Hong Fook Mental Health Foundation Gift Donation

Donor's Name/Contact Person:	
Company/Organization:	
Address:	
Telephone:	Fax:
Email:	Website:

## DONATION DETAILS *(Please attached additional form(s) if donating more than one item)*

This donation will be in the form of	<input type="checkbox"/> Gift Certificate	<input type="checkbox"/> Object/Merchandise
Current Market/Retail Value: \$ _____	Suggested Opening Bid: \$ _____	
Donation In Kind Receipt needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Official store receipt/invoice attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>In order for Hong Fook to accurately indicate the value of the item, please attached an official store purchase receipt/invoice or provide 3 supporting documents</i>		
Description of Item: <i>(A complete and accurate description will help presenting your donation on the Raffle Ticket/Auction Booklet. Please indicate size, style, model #, colour, etc...)</i>		
Restriction: <i>(e.g. Blackout dates, term and conditions, etc...)</i>		
The donation item is enclosed with this form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Donor will arrange delivery of item	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please indicate date that Hong Fook can pick up: _____		

## DISPOSAL INSTRUCTION

If item not sold	<input type="checkbox"/> Return to donor	<input type="checkbox"/> Disposal at Hong Fook's Discretion
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Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion, please fax 416-492-0644 or email this form to vkim@hongfook.ca. For additional information, please contact Veronica Kim at Hong Fook office 416-493-4242 x 5283.

## FOR OFFICE USE ONLY

Name of Committee Member Responsible:	
Item Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Assigned Inventory Number: _____
Market Value: \$ _____	Final Bid Value: \$ _____
Donation In Kind Receipt Issued: <input type="checkbox"/> Receipt #: _____	Amount issued: \$ _____