



2019 Auction Donor Commitment Form

Please return the form below to:

Anna Jaques Community Health Foundation, 25 Highland Avenue, Newburyport, MA 01950 or email your form to Amanda Ross at amross@ajh.org.

Donor or Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____

Email: _____ Phone: _____

Item: _____ Value: _____

Description: _____

Restrictions (if any): _____

Please include promotional pieces (posters, pictures, pamphlets, menus, etc.)

Delivery Arrangements:

_____ Enclosed

_____ Donor will deliver to the Anna Jaques Community Health Foundation

_____ Pick-up is needed

The Anna Jaques Community Health Foundation's tax ID number is 04-3318952

Thank you!

Internal Use Only:

Solicitor Name: _____

Email: _____ Phone: _____