

AUCTION DONOR FORM – ACG’s Come As You ART Gala

Business/cultural institution name (as you would like it to appear on the program):

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

VALID Email: _____

Website: _____

Yes, I would like to participate by donating the following item(s) to ACG’s Come As You ART Gala

Yes No, I would like to make a monetary donation instead (complete payment form below)

Description of donation:

Item Value: \$ _____

I wish to make a monetary donation by:

_____ **Check** (Payable to Albany Center Gallery)

_____ **Credit card**

Name on credit card: _____

Card number: _____

Visa | MC | AmEx | Discover (circle one)

Expiration date: _____ CV: _____

Total amount: \$ _____

To ensure your business name appears in the promotional materials, please complete and return form with donation, or call the Gallery at 518-462-4775 no later than **October 8**. The deadline for physical auction item and recognition in the program book is **October 26**.

Please contact the gallery at kwojnar@albanycentergallery.org if you need us to pick up the donation or have any questions. Thank you for your support! **We will email you the link to the silent auction once it goes live.** Feel free to share with your audiences as well.

Mailing Address: Albany Center Gallery, 488 Broadway, Suite 107, Albany, NY 12207