



EVENT: The Greatest Race
Date: August 3, 2006
Location: Kennebunkport, Maine

Donated Item: _____

Donor Name: _____

Name To Appear In The Auction Catalog: _____

Contact: _____

Address: _____

Phone: _____ Best Time to Call: _____

Fax: _____ Email: _____

Complete Description of Donated Item(s): _____

Please List Any Conditions or Qualifications Associated With This Item: _____

The Barbara Bush Children's Hospital at Maine Medical Center and the deserving children we serve gratefully acknowledge your kind donation and thank you for joining in the commitment to providing the best possible care to Maine children. Each gift makes a difference in the lives of children in your community. Donations made throughout the year directly benefit the programs and services of The Barbara Bush Children's Hospital at Maine Medical Center, Maine's only children's hospital.

All donations made to The Barbara Bush Children's Hospital at Maine Medical Center are tax deductible to the extent allowed by law; however we do not affix a value to your donations. It is your responsibility to provide proper value for tax purposes. Value affixed by Donor \$_____.

Your Barbara Bush Children's Hospital/The Greatest Race representative will coordinate arrangements for the donated item to be picked up or delivered prior to the event. Please assist them in this endeavor.

Signature of Donor: _____ Date: _____

Signature of BBCH/TGR Representative: _____ Date: _____

Questions? Please contact the Barbara Bush Children's Hospital Development Office at 207-662-2101 or Sponsorship Chairwoman, Shelley Dustin at 207-651-8038.

Mail or FAX this form to BBCH/The Greatest Race, P.O. Box 1329, Kennebunkport, ME 04046.
Fax: 207-221-1217. *A confirmation copy of the donation form will be returned to your attention.*