AUCTION DONOR FORM – ACG's MasquerAid for Art Gala

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

Contact:			
Address:			
City:	State:	Zip:	
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VALID Email:			
Website:			
Yes, I would like to particip	pate by donating the follo	owing item(s) to AC	G's MasquerAid for Art Gala
□ Yes □ No, I would like	e to make a monetary don	ation instead (comple	ete payment form below)
Description of donation:			
Item Value: \$			
I wish to make a monetary	donation by:		
Check (Payable to Alb	any 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 nar	ne appears in the promoti	onal materials, pleas	e complete and return form with
donation, or call the 0	Gallery no later than Octob	ber 2 . The deadline for	or physical auction item and
recognition in the pro	gram book is October 23		

Please contact the gallery at <u>kwojnar@albanycentergallery.org</u> 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.

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