Auction Item Donation Form

Donor:

☐ **Individual** ☐ **Buisness** ☐ **Organization**

Contact Name & Title:

Address:

City: **Province:** **Postal Code:**

Phone: **Email:**

Donation Information – DONATIONS REQUIRED BY MAY 1, 2026

Item Donated: **Value:**

Description (please include any restrictions on use of donated item in your description):

Is your donation:

☐ **An object** ☐ **A gift certificate** ☐ **Other:** _____

Your donation will be:

☐ **Delivered to the Foundation Office (98 Shipley Street, Clinton, ON, N0M 1L0) *please call ahead**
☐ **Mailed to the Foundation Office (98 Shipley Street, Clinton, ON, N0M 1L0)**
☐ **Needs to be picked up at:** _____
Should we call before we stop by? Yes or **No (please circle one)**

Donor Signature: **Date:**

Please drop off, mail or email your donation confirmation to:

Foundation Contact Name:

Clinton Public Hospital Foundation
98 Shipley Street,
Clinton, ON N0M 1L0

Email: cph.foundation@hpha.ca

Phone: 519-482-3440 ext. 6297