

Heart & Heritage

Collabria Care – Collabria Hospice 2017 Gala Auction Proxy Bid Form

For more information, please contact Joanne Sutro 707.254.4166 or jsutro@collabriacare.org.

Please complete and fax to 707-258-1650 by 12:00 noon on September 7, 2017.

Auction Bidder:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Payment Information:

All information will be kept confidential and will be destroyed at conclusion of the Auction.

Name as it appears on credit card: _____

Type of Card: Amex Discover MasterCard Visa

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Lot Number/Description Maximum Bid Amount:

Lot # _____ Description: _____ Maximum Bid _____

Lot # _____ Description: _____ Maximum Bid _____

Designated Bidder:

I designate _____ to represent me as my authorized bidder for the item(s) listed above.

I designate Collabria Care – Collabria Hospice to appoint a Proxy Bidder for the item(s) listed above.

Terms and Conditions

By signing and submitting this form, I authorize an Auction representative to place bids on my behalf for the above item(s) up to and including the maximum amount(s) set out above. I understand that Collabria Care – Collabria Hospice offers this feature as a courtesy and is not responsible for the failure of anyone to make the winning bid on auction items. My proxy bid is a binding contract to purchase any auction item of which I am the winning bidder. Applicable auction rules and regulations for the live and silent auctions are set out in the auction catalog and I agree to be bound by them. If my proxy bid is the highest bid made at the Collabria Care – Collabria Hospice Auction on September 8, 2017 and I am announced as the winning bidder, I authorize my credit card above to be charged the winning bid amount.

Signature _____ Date _____