AUCTION DONATION COMMITMENT FORM

The 13th Annual Shoopy Scramble Skin Cancer Golf Tournament
Sunday, April 19th, 2026 at Desert Willow Golf Resort

www.shoopyscramble.org TAX ID#: 46-3807740

DONOR INFORMATION

Name of Donor _____

Name of Contact Person (First) _____ (Last) _____

Email Address _____ Phone: _____

Mailing Address _____ City _____ State _____ Zip _____

DONATION TYPE

- Please complete one Donation Form for each donation
- Mail donation to: Shoopy Scramble Inc. P.O. Box #277, Manchester, WA 98353
- If you need us to pick up, please call Brett Shoopman 760-679-6717 to schedule.

Gift Certificate

(Check One) Certificate Attached Please Pick-up Donor will deliver by (date) _____

(Description) _____

Retail Value (Fair Market) $_____ Expiration Date, or other restrictions _____

_____

Actual Item

Description – Be sure to include product features (ex: number of items, size, color) plus KEY selling points (ex: limited edition, antique, heirloom, collectible?). This information will be used for the auction copy so please be as accurate as possible (not to exceed 100 words. ***Note: The Committee reserves the right to edit.***

_____

_____

_____

_____

ACKNOWLEDGEMENT

Donor/Company Name to appear in all marketing collateral and press materials including print and digital.

_____

Check here ____if you would prefer being anonymous and/or do not want to be listed in our collateral.

AGREEMENT

The above-named donor agrees to deliver their donation along with documentation (where applicable) to Shoopy Scramble Inc. by Monday, April 5th which is 14 days prior to Sunday, April 19th golf event.

Signature of Donor _____ Date: _____