



SILENT AUCTION (IN-KIND) DONATION FORM

IMPACT OF YOUR DONATION

- Clarity, founded in 1948, serves over 2,000 children and adults annually with over 70% of our pediatric clients being considered low-income. Our mission is to empower people to overcome speech, hearing, learning, social, and emotional challenges and our vision is that those served will realize their potential and have an enhanced quality of life.
- Your support ensures that ALL (not just those with financial means or apt insurance coverage) can receive evaluations and treatment for speech, hearing, learning, social and emotional challenges from Clarity’s licensed clinicians.
- Donors will be acknowledged at the Clarity for ALL Ball on May 7, 2022 and in Clarity’s Annual Report.

DONOR INFORMATION Company/Donor Name _____ Contact Name _____
 Name as you would like it to appear in Event Program _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ Email Address _____
 Company Website _____

DONATION INFORMATION Item Donated _____ Stated Retail Value \$ _____

DONATION DESCRIPTION (i.e. color, quantity, size, number of people, etc.) Please be complete, as this will be used to write auction description.

RESTRICTIONS Please state any limitations or special instructions. (If field is blank, Clarity will assume there are no limitations or special instructions.)

Expiration Date (if applicable): _____

FOR TANGIBLE ITEMS Item accompanies Donor Form

Donor will send/deliver to Clarity by ___/___/___ Donor requests Clarity pick up donation week of ___/___/___

For Intangible Items: (Please consider including an appropriate display for auction table)

Certificate accompanies Donor Form Donor requests Clarity create a Certificate for donation
 Donor will provide a Certificate to Clarity by ___/___/___

Form cannot be processed without handwritten signature from donor. All donated items become the property of Clarity and cannot be returned to the donor. All acknowledgements of your donation will be sent after the event.

Signature of Donor _____ **Date** _____

FOR INTERNAL USE ONLY

Item # _____ Package # _____ Item Received Certificate Received TY Sent

Signature of Clarity Representative _____



29 North Academy Street, Greenville SC 29601

Clarity is a 501(c)3 nonprofit (Federal Tax ID: 57-0331635)

Please contact Andrea Payment for more information at (864) 331-1421 or andrea.payment@clarityupstate.org