



PROXY BID FORM

Bids must be received in the ValleyCare Charitable Foundation office no later than Wednesday, August 22, 2018, 5:00pm PST.

Scan and email completed form to Gayle Cowan: GCowan@stanfordhealthcare.org or call 925-373-4560.

*For a list of items available for proxy bidding, please visit:
<https://www.valleycare.com/foundation-polynesian-paradise.aspx>*

BIDDER NAME:	
BILLING ADDRESS:	
CITY, STATE & ZIP:	
PHONE NUMBER:	
EMAIL ADDRESS:	

Method of Payment: Visa Mastercard American Express

CREDIT CARD #:			
EXPIRATION:		SECURITY CODE:	

Lot Number	Description of Item	Maximum Bid

*Please see next page for important Terms & Conditions and required signature.
To bid on multiple items, please submit one form per item.*

ValleyCare Charitable Foundation is separately incorporated as a 501(c)(3) charitable organization. Your gift is tax-deductible to the extent permitted by law. Please consult your tax advisor. For your records, our tax identification number is 94-2941652.



PROXY BID FORM (cont.)

Terms & Conditions:

1. By signing and submitting this form, I authorize a ValleyCare Charitable Foundation representative to place bids on my behalf for the above item, **up to and including** the maximum bid amount. Bids placed on my behalf will increase in increments set by the auctioneer, up to the maximum bid authorized by this form.
2. If my proxy bid is the highest made at the auction event on August 25, 2018, I will win the auction lot, and I **authorize my credit card above to be charged** in that amount the night of the event.
3. I understand that I will receive email confirmation of my winning bid no later than August 28, 2018.
4. I understand that I will pay all shipping costs.
5. I understand that in the event two proxy bids tie for the same item, the proxy bidder who submitted their proxy bid first will win the item.
6. I understand that any Proxy Bid Form containing any qualifying statements (i.e., "subject to my approval"), will not be accepted.
7. I understand that my submission of the Proxy Bid Form is **final**.

I have read and understand the terms and conditions of ValleyCare Charitable Foundation's Polynesian Paradise Proxy Bid Form.

Authorized Signature _____ **Date** _____

For Office Use Only:	
DATE REC'D	
REC'D BY	

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