

ILLUMINATE

Procurement Form

THE GALA OF LIGHTS

SUNDAY, NOVEMBER 15, 2026
MERCER ISLAND COMMUNITY & EVENT CENTER

Thank you for supporting our inaugural gala. Your contribution helps Kyra's Hope Foundation bring comfort to families facing childhood cancer and accelerate research for better treatments.

1 DONOR & BUSINESS INFORMATION

BUSINESS / DONOR NAME

CONTACT NAME

EMAIL

PHONE

MAILING ADDRESS

2 DONATION DETAILS

ITEM / EXPERIENCE / GIFT CERTIFICATE

DESCRIPTION · as you would like it to appear in the auction catalog

FAIR MARKET VALUE (\$ EACH)

QUANTITY

EXPIRATION DATE, IF ANY

RESTRICTIONS / SPECIAL TERMS · blackout dates, party size, advance booking

CATEGORY

DELIVERY METHOD

☐ Dining / Gift Certificate☐ Experience / Travel☐ Email certificate / digital item☐ Goods / Retail☐ Services☐ Mail / deliver item☐ Wine / Spirits☐ Other☐ Please coordinate pickup

3 GALA RECOGNITION & DONOR CONFIRMATION

LIST DONOR / BUSINESS NAME AS

WEBSITE / SOCIAL HANDLE (optional)

☐ List this donation as anonymous

By signing below, I confirm the information above is accurate and that this donation may be used by Kyra's Hope Foundation for ILLUMINATE fundraising, including the auction and related event activities. The donor is responsible for determining fair market value.

AUTHORIZED SIGNATURE · a typed full name is accepted

DATE

PLEASE RETURN THIS FORM BY REPLY EMAIL OR TO

Gautam Kumar, Co-Founder · gautam@kyrashope.org · (206) 501-7642 · gala.kyrashope.org

Kyra's Hope Foundation is a 501(c)(3) nonprofit organization, EIN 41-2583689. The donor is responsible for determining fair market value; please consult your tax advisor regarding deductibility. No goods or services are provided in exchange for this donation unless otherwise stated.