



PROXY BID REQUEST FORM

DONOR INFORMATION

Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

If you are the winning bidder, we will contact you to arrange payment.

PLEASE INDICATE THE PROXY BIDS YOU WOULD LIKE MADE ON YOUR BEHALF

(full description of items available on our website <https://www.mercyhealthclinic.org/gala>)

Item description: 1 week stay at Palmetto Dunes Beach Villa, Hilton Head, SC **Maximum Bid** \$ _____

Item description: 1 week stay at cozy cottage near Cape Cod National Seashore, MA
Maximum Bid \$ _____

Item description: Tennis for 8 players on the grass court at the Australian Ambassador's residence in DC
Maximum Bid \$ _____

TERMS & CONDITIONS

- By signing and submitting the form, you authorize a Mercy representative to place bids on your behalf for the following items, up to and including the designated maximum bid amount. Bids placed on your behalf will be made with an anonymous bidder #. Bids will increase in increments set by the auction staff.
- If your proxy bid is the highest at the close of the auction on April 28, 2023, you will be deemed the winning bidder, and agree to pay the amount due in full.
- An email confirmation will be sent to you no later than Monday, May 1, 2023, if you are the winning bidder.
- In the event two proxy bids tie for the same item, the proxy bidder who submitted the signed proxy bid first will be deemed the winning bid.
- Submission of this Proxy Bid Form is final and cannot be modified.

Signature _____ Date _____

Please return this form to Joan Ronnenberg at Joan.Ronnenberg@mercyhealthclinic.org no later than COB Thursday, April 27.