

PHARMACY ACTION FUND AUCTION WITH A TWIST!

5 TICKETS FOR \$10
15 TICKETS FOR \$20
50 TICKETS FOR \$50

Name: _____
Email: _____ Phone Number: _____

Please write the amount of ticket(s) for each item you wish to bid on below:

- | | |
|---|--|
| <p>____ Item 1 - Surface 2 32G with Keyboard
 ____ Item 2 - Kindle Fire HDX 7", HDX Display, Wi-Fi, 32 GB
 ____ Item 3 - iPad Mini 16G with WiFi
 ____ Item 4 - Apple TV
 ____ Item 5 - Apple TV
 ____ Item 6 - Roku 3 Streaming Media Player
 ____ Item 7 - Chromecast, movie theater gift card, popcorn
 ____ Item 8 - Keurig Coffee Maker & Coffee assortment
 ____ Item 9 - \$200 Best Buy Gift Card
 ____ Item 10 - Fit Bit Flex & waterbottle
 ____ Item 11 - Fit Bit One
 ____ Item 12 - Fitness DVD Bundle and Shakeology Package
 (<i>contains two packages of 30 shakes each</i>)
 ____ Item 13 - Wine Basket
 ____ Item 14 - Wine and Cheesecake with \$25 gift card to the
 Cheesecake Factory
 ____ Item 15 - Restaurant Gift Card Package
 ____ Item 16 - Picnic in the Park
 ____ Item 17 - Bourbon and Rum Basket
 ____ Item 18 - Vodka Basket
 ____ Item 19 - Original Framed Photo - "Morning Rays"
 ____ Item 20 - Chicago Tours \$100 Gift Card
 ____ Item 21 - \$25 Amazon Gift Card
 ____ Item 22 - Tupperware Assortment
 ____ Item 23 - Tupperware Assortment Fridgesmart and Freezer set</p> | <p>____ Item 24 - Handcrafted Bracelet
 ____ Item 25 - Handcrafted Necklace
 ____ Item 26 - 4 Cubs Tickets, Game in 2015
 ____ Item 27 - 2 Tickets to the Phantom of the Opera, Fox Theater, St. Louis
 plus VIP Parking, <i>March 8, 2015</i>
 ____ Item 28 - Drury Lane Theater and Dinner Package for 4
 ____ Item 29 - Chicago State University COP Memorabilia
 ____ Item 30 - Midwestern University Chicago COP Memorabilia
 ____ Item 31 - Roosevelt University COP Memorabilia
 ____ Item 32 - Rosalind Franklin University COP Movie Basket
 ____ Item 33 - SIUE SOP Memorabilia
 ____ Item 34 - University of Illinois Chicago COP Memorabilia</p> |
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_____ TOTAL NUMBER OF TICKETS PURCHASED

Auction Ticket Prices: 5 tickets for \$10.00 • 15 tickets for \$20.00 • 50 tickets for \$50.00

\$_____ TOTAL PRICE OF TICKETS PURCHASED*

Credit Card Information:

Charge my: VISA MasterCard Discover American Express
 Account #: _____ Expiration Date: _____ CVV 3-Digit #: _____
 Authorized Signature: _____ Printed Signature: _____

Billing Address:

Street Address: _____
 City, State, Zip: _____

PRE-MEETING BIDDING DEADLINE IS SEPTEMBER 9
 Fax: 815-227-9294 • Mail: ICHP; 4055 N Perryville Road; Loves Park, IL 61111 • Email: janm@ichpnet.org
 Call the ICHP office: 815-227-9292

*Contributions to the ICHP Pharmacy Action Fund are not considered charitable contributions by the IRS