



OVARIAN CANCER QUILT PROJECT
QUILT DONATION FORM (2019 ONLINE AUCTION)

Date: _____

Quilt Title: _____

Created by: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Description of quilt: _____

Additional information/story about the quilt – please put on back of form.

Machine Quilted? _____ Hand Quilted? _____ Quilt Size: WIDTH: _____ LENGTH: _____

How did you hear about our Quilt Project? _____

Requested Quilt Conditions:
Quilts need to be cleaned and free of animal hair, stains, tears, odors, etc. We cannot repair or wash received quilts. Quilts must also come from smoke free environments.

(____) I understand that a photographic image will be taken of this donated quilt and will be published to raise funds for the Ovarian Cancer Online Quilt Auction at MD Anderson Cancer Center.

MAIL YOUR COMPLETED FORM AND QUILT TO:
MD ANDERSON CANCER CENTER
ATTN: OVARIAN CANCER AWARENESS QUILT PROJECT
UNIT 1362
1155 PRESSLER ST, CPB 6.3444
HOUSTON, TX 77030-3721

Website: www.ovarianquilt.com Email: GynOncCommunityRelations@MDAnderson.org Telephone: (713) 792-2765

OFFICE USE ONLY

DB #	LINE UP #
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