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 #