



View the Live Auction Collections at actoronto.org/snap.

Send completed form to Melanie Castillo at mcastillo@actoronto.org.

Bidder Information

First Name	Address - Include Suite #
Last Name	City, Province, Postal
Phone	Company Name
Email	Is an organization paying? (pick one) Yes No

*I hereby request the AIDS Committee of Toronto (ACT) to enter bids on the following lot(s) up to the maximum price I have indicated for each lot. I understand that by submitting this bid, I have entered into a binding contract to purchase the individual lots, if my bid is successful. I understand that if my bid is successful ACT will debit the below mentioned credit card for the purchase amount of the successful bid. On my behalf, ACT will try to purchase these lots for the lowest possible price, taking into account any other bids. If identical absentee bids are left, ACT will give precedence to the first one received. A Buyer's Premium of 10% will be added to all absentee bid sales.

LOT NUMBER FROM THE LIVE AUCTION	ARTIST AND TITLE	MAXIMUM BID (CAD \$)

Payment Information

Card Number	Expiry Date	
Name as it appears on card	CVV Code	

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Signature*

For ACT Office Use Only

Date Received + Staff Initials	
Assigned Bidder Number	
Assigned Bidder	