

All Saints Children's Center

# Spring Fling 2009 Auction Donation Form

Please list only one item per donation form

Please print the donor and solicitor exactly as you wish them to appear on the auction bid sheet.

1. Name of Donor: \_\_\_\_\_ Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

2. Donor Mailing Address: \_\_\_\_\_  
(Street) (City) (Zip)

3. Donor's Estimated Value of Gift: \_\_\_\_\_  
This must be completed with a numerical value or the auction chairs  
will determine a value

If the donor wishes to use this donation form as a receipt for the auction item, please check  
this box and we will FAX this form to the donor

4. Donor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Contact Person for Item/Service: \_\_\_\_\_  
Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

6. Name of ASCC Solicitor : \_\_\_\_\_

7. Description of item — print as much information as possible:

8. All conditions and restrictions on use of item, including Expiration Date:

***Thank You!***