

Item # _____

Package # _____

Auction Donor Form

Curé of Ars Catholic School

Auction – February 19, 2016

Thank you for supporting our school!

Date: ____/____/____

Donor's Name: _____
(as to be listed in program)

Item Name & Description: _____

Estimated Value \$ _____

Special Conditions (exp. date, limits on dates/times/# of people, etc.) _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check one of the following:

_____ Item/certificate is enclosed/attached.

_____ I will deliver my donation by ____/____/____ (date).

_____ I will need someone to pick up my donation by ____/____/____ (date).

For questions about donations
please contact
Ali Cooper at
(314) 249-3132

COMMITTEE USE ONLY

Certificate needs to be created <input type="checkbox"/> Yes <input type="checkbox"/> No	Item secured by	Item entered by
Date processed	Category	

I understand that the fair market value of my contribution may be tax-deductible as allowed by law, and that I should consult my tax advisor regarding any special conditions of my gift. Further, I understand that all proceeds generated as a result of the sale and/or auction of my donations will benefit Curé of Ars Catholic School. School ID# 48-0866062

Curé of Ars Catholic School • 9403 Mission Road • Leawood, KS 66206 • Phone: 913-648-2620

White Copy – Item

Yellow Copy – Donations Committee

Pink Copy – Donor