



2019 CHILDHAVEN DINNER & AUCTION

October 12, 2019

Procurement #

AUCTION DONATION FORM

Please fill out a separate form for each donation.

DONOR INFORMATION

List Company/Name as it will appear in the catalog
Please Print Clearly

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Contact Person: _____

SOLICITOR INFORMATION

Name: _____

Email: _____

Estimated of Fair Market Value *\$ _____

*Form cannot be processed without this value

	YES	NO
Gift Certificate/Tangible item accompanies this form.	<input type="checkbox"/>	<input type="checkbox"/>

****Please do not seal the original certificate****

Will be delivered by Donor	<input type="checkbox"/>	<input type="checkbox"/>
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To be picked up by Childhaven	<input type="checkbox"/>	<input type="checkbox"/>
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Delivery/Pick up date is: _____

Childhaven to create Certificate	<input type="checkbox"/>	<input type="checkbox"/>
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Donation Type: (check one) Tangible Item In-Kind Gift Certificate Tickets Other

Donation Item Name: _____

Donation Description: Please include all pertinent information such as size, color, number of people, number of days/nights, specific dates, restrictions.

Restrictions: _____ Expiration Date: _____

Donor Signature: _____ Date: _____

This is the only receipt you will receive for this transaction. Please retain a copy for your records.

Childhaven acknowledges that no goods or services were exchanged for this donation. Childhaven's Tax ID Number: 91-0402430.

Please mail to: Childhaven, Attn: Auction Committee 316 Broadway Seattle, WA 98122