

HOLY SPIRIT CATHOLIC CHURCH
AUCTION DONATION FORM

Please type or print the following information.

DONOR(S)

Company Name or Family Name(s): _____
(Please print name as you would like it listed at the Auction)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact Person: _____ Phone: _____
(if different from Donor)

Describe the Item(s)/Service donated:

(Please include all details needed for a complete catalog description)

Value of donation (estimated market value): \$ _____ (a tax- deductible gift)

Restrictions (dates, times, class of travel, etc.): _____

Service Dates (if donation is a gift certificate)

Effective from: _____ to: _____

Please check one:

- ____ Donor will deliver actual item to Holy Spirit Catholic Church. Date: _____
- ____ Donor will mail the item to Holy Spirit Catholic Church. Date: _____
- ____ Holy Spirit Catholic Church will pick up the item. Date: _____

COMPLETE & BRING TO THE CHURCH OFFICE or FAX TO (972) 709-1443