



Auction Item Donation Form

Donor Company Name (if applicable) _____

Company Representative or Donor Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Email: _____ Work _____ Cell _____

Please send me information regarding event sponsorship investments.

DONATION/ITEM _____ Fair Market Value \$ _____

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For Office Use Only
Item #: _____
Item #: _____
Item #: _____
Item #: _____
Item #: _____

Please include any additional items on the back of this sheet.

Please list my name in the program:

Same as above Do not list List as _____

- I would like City Garden to create the gift certificate(s) for my donation(s). I will not provide them.
- Please do not separate or group my donation(s) with other donations. (Note: We typically group items from different donors because this best practice increases the exposure and total value of the auction basket which generates more revenue for our students.)

Expanded description, if necessary, for inclusion in event catalog (please indicate any restrictions/exclusion/specifications):

If item(s) must be picked up, please indicate Date: _____ Time: _____

Pick-up Location (if different from address above) _____

Return to: City Garden Montessori School
 1618 Tower Grove Ave.
 Saint Louis, MO 63110
 314-664-7646 Phone
 314-664-4997 Fax

For Office Use Only:
Solicited by: _____
Databased by: _____
Date Databased: _____
Databased as Item #: note above as needed

All items are requested by Friday February 3, 2017.

Donor, your donation will be acknowledged by letter after the event.

Solicitor, please return original to Dee Stenger Allison or Bob Sweeny for proper recognition.



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Additional Notes regarding item, restrictions on gift certificates, recognition in catalog: