

FOR OFFICE USE ONLY				
Item #				
Entry Date	/	/		

Allotion Donation Form AHS CLUB/SPORT for Donation: Event: November 19^{tn}, 5:30-10:00 PM DONOR INFORMATION Donor/Business Name: (For catalog)

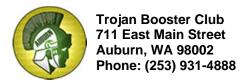
Contact Person: Phone:(Address: City: State: ZIP: **ITEM INFORMATION** DESCRIPTIONS FOR CATALOG, INCLUDE: SIZE, QTY, COLOR, NUMBER OF PERSONS, WEEKS, DAY/NIGHT, OR OTHER RESTRICTIONS IF ANY Item Name: Donor's Estimated Retail Value: \$ Item Description: Expiriation Date (if any): (DEFAULT IS 1 YEAR FROM DATE OF AUCTION) PHYSICAL ITEM - DISPLAYED AT AUCTION ☐ SERVICE DONATION DELIVERY BY DONOR (DONOR TO PROVIDE PROMOTIONAL MATERIAL) ☐ PICK-UP BY AUCTION REPRESENTATIVE ☐ GIFT CERTIFICATE INCLUDED PICK-UP BY AUCTION WINNER ☐ AUCTION COMMITTEE CREATE CERTIFICATE PHYSICAL ITEM - NOT DISPLAYED AT AUCTION DONOR SIGNATURE: DATE:

THANK YOU FOR YOUR SUPPORT!

PHONE: (

VCS REPRESENTATIVE:

A copy of this form will be returned to you for your tax records TAX ID: 603 237 818



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Donor Signature:	Date: / /		
VCS Representative:	PHONE: () -		

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