



**Trojan Booster Club**  
 711 East Main Street  
 Auburn, WA 98002  
 Phone: (253) 931-4888

FOR OFFICE USE ONLY	
Item #	
Entry Date	/ /

**Auction Donation Form**

AHS CLUB/SPORT for Donation:

**Event: November 19<sup>th</sup>, 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration Date (if any): / / (DEFAULT IS 1 YEAR FROM DATE OF AUCTION)

<input type="checkbox"/> PHYSICAL ITEM - DISPLAYED AT AUCTION	<input type="checkbox"/> SERVICE DONATION
<input type="checkbox"/> DELIVERY BY DONOR	(DONOR TO PROVIDE PROMOTIONAL MATERIAL)
<input type="checkbox"/> PICK-UP BY AUCTION REPRESENTATIVE	<input type="checkbox"/> GIFT CERTIFICATE INCLUDED
<input type="checkbox"/> PICK-UP BY AUCTION WINNER	<input type="checkbox"/> AUCTION COMMITTEE CREATE CERTIFICATE
<input type="checkbox"/> PHYSICAL ITEM - NOT DISPLAYED AT AUCTION	

DONOR SIGNATURE: \_\_\_\_\_ DATE: / /

VCS REPRESENTATIVE: \_\_\_\_\_ PHONE: ( ) -

**THANK YOU FOR YOUR SUPPORT!**  
 A copy of this form will be returned to you for your tax records  
 TAX ID: 603 237 818



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