Saint Charles Preparatory School Cardinal Christmas Auction

DONATION FORM

Please write or type legibly. This information will be used to produce event materials.

Date of Donation:			Solicitor Name:				
Company/Individual Name: (as you would like to be recognized) Contact/Officer Name:							
Address:			City/Stat	e/Zip:			
Email:			Telephone:				
Value of Donated Item:							
Description of Donated Item:							
(if you need more room, please attach additional descriptive information to this form) Donor's Restrictions/Special Instructions:							
Delivery of Item: Item received by Solicitor	□ Ye	.c	□ No				
·	□ Ye		□ No	Date:			
•	□ Ye		□ No				
Pick Up Required Location:				Date:			
Monetary Donation Option I prefer to be an Auction Angel and make a monetary donation. ☐ Credit Card ☐ Check enclosed made payable to St. Charles Preparatory School							
CREDIT CARD INFORMATION							
Card Holder Name	Тур	e of Card		Card Number		Exp Date	
Signature of Accountholder or Authorized Officer Name (Other Comments/Information:			ase print)		Title (in	f applicable)	
Please mail or deliver all items and this form to: The Mothers Club Auction Committee at address below.							