**Trinity Lutheran School “Let Your Light Shine” Auction**

819 School Avenue • Oshkosh, WI 54901 • Tel: 920-235-1730 • Fax: 920-235-1734 • Email: auction@trinityoshkosh.org

**2018 DONATION FORM**

*(Please type or use blue or black pen)*

|  |  |  |
| --- | --- | --- |
| **Committee Member** | **NAME:** | **PHONE:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Donor Information:** |  | | |
| **BUSINESS/DONOR NAME – FOR CATALOG:** *(As it should appear in catalog)* | |  | |
| **DONOR CONTACT NAME:** | | **DONOR ADDRESS:** | |
| **PHONE** | | **CITY: STATE: ZIP:** | |
| **EMAIL** *(This is how we will send you your receipt.* ***Please Print Clearly****)* | | |

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| --- | --- | --- | --- | --- |
| **Item Information:** |  | | | |
| **ITEM:** | | | **ESTIMATED DOLLAR VALUE:** | |
| **ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, DAYS/NIGHTS AND ALL RESTRICTIONS:** | | | | |
| **MARK APPROPRIATE BOX:**  \_\_\_Delivery of item by Donor \_\_\_Donor provides Certificate  \_\_\_ Item needs to be picked up \_\_\_Committee to create Certificate  \_\_\_ Promotional material provided by Donor | | **SIGNATURE** | | **DATE:** |

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| **For office use only:** | |  |
| **TRACKING NUMBER:** | **NOTES:** | |

**PLEASE RETURN YOUR DONATION FORM BY SEPTEMBER 1st**



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