



Holy Family Catholic Academy

2017 Gala

AUCTION DONOR FORM

Please print or type. Asterisks* denotes required fields.

*FULL NAME OF DONOR (AS IT SHOULD BE LISTED IN THE PROGRAM):		*CONTACT NAME:
		*E-MAIL ADDRESS
*ADDRESS:	*CITY/STATE:	*ZIP:
*AUTHORIZED SIGNATURE:	*PHONE:	DATE:

CHECK ONE: _____ GIFTCARD/TICKETS _____ MERCHANDISE _____ CASH/CHECK (NOTE AMOUNT: \$ _____)

*ESTIMATED RETAIL VALUE:		
*DESCRIPTION OF ITEM (for use in preparing program):		
RESTRICTIONS:		
DATE FOR PICK UP:	WHERE TO PICK UP:	SOLICITED BY:
GIFT CERT. NEEDED?	STARTING BID:	BID INCREMENTS:

THANK YOU FOR YOUR DONATION. IT IS GREATLY APPRECIATED.

In order to be included in the program, please return this form by April 21, 2017.

Make checks payable to HFCA.

Please keep a copy for your tax records.