

Office Use Only

Item #(s): _____

Entered by: _____

Item Received: _____

Sacred Heart Catholic School
Spring Fling Auction & Dinner

P.O. Box 215 • 515 Seventh Street • Gervais, OR 97026
503-792-4541 • FAX: 503-792-3826 • Email: shsauctionchair@gmail.com
Tax ID Non-Profit #93-0459186



Date of Donation: _____

Auction Date: _____

Donor Name/Business Name: _____ **Anonymous:** ☐ Yes ☐ No

Contact/Business Representative: _____ **Telephone:** _____

Address: _____ **City/State/Zip:** _____

Donation: ☐ Gift Certificate ☐ An Item ☐ Cash Donation **Estimable Value:** \$ _____

Item Donated & Description (Please be specific): _____

Please check the appropriate statements:

☐ Donor Gift Certificate Attached

☐ Please Create a Certificate for me

☐ I will deliver my item by _____

☐ Please Arrange a Pick-up

Sacred Heart Catholic School Representative: _____

All donations are understood to be valid for one year from auction date, unless otherwise stated.

Please return white copy to Sacred Heart Catholic School. Donor retains PINK copy. THANK YOU for your donation!