

All Saints Catholic School

299 S. 9th Street * Broken Arrow, OK 74012 * (918) 251-3000



AUCTION DONOR FORM

Item #: _____

Catalog#: _____

Donor Information

Name _____

Billing address _____

City _____

State _____

ZIP Code _____

Telephone (home) _____

E-Mail _____

Detailed Description of Gift for Catalog (size, color, time, limitations, etc. INCLUDE ALL RESTICTIONS)

FOR DONOR'S TAX RECORD, THIS CERTIFIED THAT THE DONOR HAS RECEIVED NOTHING OF VALUE IN EXCHANGE FOR THIS CONTRIBUTION. (Tax ID# 731138277).

Value of Donation: _____

____ I (we) wish to have our gift remain anonymous.

Donor Signature(s) _____

Date _____

Office Use ONLY Below This Line

Silent Auction: _____

Live Auction: _____

Please retain a copy for your records.