

SAINT CECILIA SCHOOL AUCTION

12250 SW 5TH STREET
BEAVERTON, OR 97005
(503) 644-2619 Ext.32
EMAIL: auction@stceciliaschool.us
TAX ID: 93-0446529

FOR OFFICE USE ONLY	
ITEM #: _____	TYPE: _____
CATEGORY: _____	ENTRY DATE: _____
ITEM LOCATION: _____	

ITEM INFORMATION

Item: _____ Donation Value \$: _____

Description of Item: (Please specify limitations/date restrictions) _____

Unless otherwise specified, all donations are understood to be valid for one year from the Auction Date.

DONOR INFORMATION: *Please print your name and/or business as you would like to see it listed in the catalog.*

Individual/Company Name: _____ Phone: (____) _____

Contact Person (if different): _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Donor Signature: _____

Item delivered with form. I will deliver my item by: _____ Please pick up my item by: _____

Please prepare a Gift Certificate for my item. Certificate enclosed.

SOLICITOR INFORMATION:

Name: _____ Date: _____

*Attach a copy of this form to the item and return to the Office.
This form serves as your donation receipt.*