

Summer Soiree, August 22nd, 2020

Auction Donation Form

Name of Donor _____ Circle One: Business or Individual

Business or Individual Contact Name _____

Phone Number _____ Email _____

Address _____ City / Zip _____

_____ I wish to remain anonymous OR

_____ I wish to be listed in any printed materials as _____

Complete/Detailed Description of Donation

Expiration Date and/or any Restrictions

Value of Donation _____

_____ Item/Certificate Received _____ Display Items Received _____ Return Display to Donor

Do you need CAFB to pick up your donation? _____ Yes _____ No If Yes, when _____

CAFB has my permission to make a gift certificate for this donation: _____ Yes _____ No If Yes, Date entered: _____

THANK YOU FOR YOUR GENEROUS SUPPORT!

Donations are deductible for income tax purposes to the extent allowed by law. Child Advocates of Fort Bend does not place a value on your donation. This is a privilege and responsibility of the donor. No goods or services were exchanged for this donation. Tax ID # is 76-0337426

CHILD ADVOCATES OF FORT BEND

5403 Avenue N Rosenberg, TX 77471

281-344-5108 fax 281-341-0798 TSheridan@cafb.org

FOR INTERNAL USE ONLY: Starting Bid: _____ Increments: _____ Buy It Now: _____

Auction Name: _____ Category: _____

Items needed for display: _____

Copy for Raiser's Edge Date _____ Initials _____

Entered in Raiser's Edge Date _____ Initials _____

Current Donor in Raisers Edge Yes _____ No New Donor _____ Unknown _____

Volunteer responsible for coordination of this item: _____