



# AUCTION DONOR FORM

Donor name: (Please print business or individual name as it should appear in the event program.)

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Donation description: \_\_\_\_\_

Value: \$ \_\_\_\_\_ (Value must be determined by donor)

Restrictions, Stipulations, and/or Expiration date: \_\_\_\_\_

Item to be: Delivered by donor: \_\_\_\_\_ Picked up by committee member: \_\_\_\_\_

Gift certificate attached? (circle) YES / NO

Questions: Contact Amy Henninger at (317) 251-1451 ext. 2231 or [ahenninger@BishopChatard.org](mailto:ahenninger@BishopChatard.org)

Thank you for your support of Bishop Chatard High School!

Donor's Signature: \_\_\_\_\_

Donor's Name Printed: \_\_\_\_\_

Donation Received by: \_\_\_\_\_ Date \_\_\_\_\_

*In accordance with "current substantiation requirements for donors," if the total value of any item or group of items exceeds \$5,000, the donor must obtain and provide a qualified appraisal. No goods or services were provided in exchange for this donation.*