

SILENT AUCTION DONATION FORM



COMPLETED FORMS AND DONATIONS
DUE BY MARCH 25, 2019

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DONOR

Send Me an Event Invitation Contact Me About Sponsorship Opportunities

Donor/Company Name (Print as you would like it to appear in the event program)

Contact Person (Not listed in event program)

Street

City

State

Zip

Phone

Email

Website

Donor Signature

Date

DONATION

Item Name

Detailed Item Description (Quantity, size, color, restrictions and other pertinent information)

\$

Fair Market Value

Expiration Date (If any)

- | | |
|--|--|
| <input type="checkbox"/> Gift Certificate Attached | <input type="checkbox"/> Contact to Arrange Delivery |
| <input type="checkbox"/> Donor to Provide Gift Certificate | <input type="checkbox"/> Item Given to Solicitor |
| <input type="checkbox"/> Create a Certificate Based on this Info | |