



BENEFITING



Name/Company: _____

(Name as you wish it to appear on all printed material): _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

Donation Item/Description (use reverse side if needed for additional comments):

Restrictions: (please include any stipulation, and/or expiration dates:

Donor's Estimated Value/Retail Value: \$ _____

Expiration Date: _____

Delivery Information:

- Donation enclosed
- To be Delivered by May 10
- Please pick up
- Please create certificate for us

Donor Signature: _____

Date: _____

Thank you for your generosity and support. Please fill out and return to Holy Family Parish office (pre-addressed envelope included) Email auction@holyfamilycaledonia.org with questions or concerns.