

## Donation Item/In-Kind Agreement Form

| Donor Information                                 |                                      |                             |   |                                  |  |
|---|--------------------------------------|-----------------------------|---|----------------------------------|--|
| Donor or Company Name                             | Phone                                |                             | Gift Solicited By   |                                  |  |
| Donor Name  | Email                                |                             | Date  | Date                             |  |
| Company Name (if different)                       |                                      |                             | Donor Signature   |                                  |  |
| Address   |                                      |                             | Please send me an invitation to the auction   |                                  |  |
| City, State, Zip                                  |                                      |                             | Item # (office use only)  |                                  |  |
| Donor Website Address                             |                                      |                             | Category (office use only)  |                                  |  |
|   |                                      |                             |   |                                  |  |
| Donated Item                                      |                                      |                             |   |                                  |  |
| Catalog Item Name (60 Characte                    | ers maximum)                         |                             |   |                                  |  |
| Item Description (300 Characters m                | aximum- quantity, size, color, date, | restrictions or o           | other information to er   | nsure understanding of the item) |  |
|   |                                      |                             |   |                                  |  |
|   |                                      |                             |   |                                  |  |
|   |                                      |                             |   |                                  |  |
|   |                                      |                             |   |                                  |  |
|   |                                      |                             |   |                                  |  |
|   |                                      |                             |   |                                  |  |
| ltem Value (Fair market value)                    | Expiration Date                      | Donor to pro<br>material    | Donor to provide promotional<br>materialPlease email picture<br>corporate logo or<br>item in jpg or png<br> |                                  |  |
| Storage Location Information                      |                                      |                             |   |                                  |  |
| ACS Gift Storage Area (office use only)           |                                      | Thank you for your support! |   |                                  |  |
| Gift Certificate File (office use only)           |                                      |                             |   |                                  |  |
| Gift Certificate Needed                           |                                      |                             | Please return to:   |                                  |  |
| Donor to provide Gift Certificate by Date:        |                                      |                             | Annunciation Catholic School  |                                  |  |
| Auction Committee to create Gift Certificate      |                                      |                             | Annual Dinner and Auction   |                                  |  |
| Arrange for delivery of large or perishable items |                                      |                             | 32648 N. Cave Creek Road, Cave Creek AZ   |                                  |  |
| Contact Name, phone # and date:                   |                                      |                             | 85331   |                                  |  |
|   |                                      |                             | For information, please contact:  |                                  |  |
|   |                                      |                             | Keli McCann 480-361-8234 <u>kmccann@acsphx.org</u>  |                                  |  |
|   |                                      |                             |   |                                  |  |
|   |                                      |                             |   |                                  |  |