



ST. IGNATIUS
GALA & AUCTION

LIVE AUCTION DONATION FORM

FOR COMMITTEE USE ONLY:

Item Number: _____ Package Number: _____ Solicitor: _____ Entered By: _____

DONATION INFORMATION:

(Please include important details, e.g. quantity, size, color, number of rooms, number of persons per night, price per item, etc.)

Value of Total Donation: \$ _____ Item Name: _____

Description: _____

Restrictions: _____

(e.g. terms of donation, blackout dates, etc.)

Please check all that apply:

I will deliver/mail my donations to St Ignatius by: _____

Please arrange for pickup of my donation

Please prepare certificate for my donation

We encourage provision of brochures, photos, and/or display materials. Donor assumes responsibility to comply with IRS regulations

St. Ignatius family name to receive credit towards annual fundraising *(if applicable)*: _____

DONOR INFORMATION:

Deadline for items to be listed in the auction program is February 1st.

Type of donation:

Personal

Business

Donor: _____

(Please print your name and/or business name in the way you prefer to be acknowledged)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contact Person: _____ Phone: _____

Please check all that apply:

Parent

Grandparent

Faculty/Staff

Parent of alumni

Student

Alumni

Friend

Parishioner