



school
of love

Item # _____
Package # _____

Auction Donor Form

Thank you for supporting this unique & uniquely needed mission!

Date: ____/____/____

Donor's Name: _____
(as to be listed in program)

Item Name & Description: _____

Estimated Value \$ _____

Special Conditions (exp. date, limits on dates/times/# of people, etc.) _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check one of the following:

_____ Item/certificate is enclosed/attached.

_____ I will deliver my donation by ____/____/____ (date).

_____ I will need someone to pick up my donation by ____/____/____ (date).

For questions about donations please contact Jane Peck at (816) 719-2293 or janepeck1@gmail.com
--

COMMITTEE USE ONLY		
Certificate needs to be created <input type="checkbox"/> Yes <input type="checkbox"/> No	Item secured by	Item entered by
Date processed	Category	

I understand that the fair market value of my contribution may be tax-deductible as allowed by law, and that I should consult my tax advisor regarding any special conditions of my gift. Further, I understand that all proceeds generated as a result of the sale and/or auction of my donations will benefit School of Love, Inc. Tax ID# 45-3461972

School of Love • www.schooloflovekc.com • Phone: 913-648-2620
(donated items and white copy of auction donor form to: 12916 W. 70th Ter., Shawnee, KS 66216)