



Parent Aid We Care Gala

Auction Item Donation Form

Contact Person: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Email: _____

How should my Company Name be listed in the Event Program?

Item # and Class for Parent Aid use Only

	Item #	Class	Item Description	Value
1				
2				
3				
4				
5				
Total Retail Value				

Customer Signature: _____ Date: _____

Thank you for your Tax-Deductible Donation!

Our Nonprofit Tax ID #: 74-2591577

White Copy to Parent Aid

Pink Copy is Customer Receipt