PLEASE USE THIS FORM FOR EACH ITEM DONATED



FOR MORE
1NFORMATION CONTACT:
SAVANNAH PARRISH
(828) 684-6232, EXT. 103
SPARRISH@
CHRISTSCHOOL.ORG

DONOR INFORMATION - PLEASE PRINT	
Donor(s) or company name(s) As it/they should appear in Program	Donor Phone
Donor Contact Person (Not to appear in program)	Donor Fax
Donor Street or Billing Address	Contact Email
Donor City, State and Zip	Donor Website
CS Volunteer Name/Phone (If Applicable)	Code/Category (Office Use Only)
DONATED ITEM INFORMATION - PROGRAM DEADLINE: April 2, 2019	
Program Item Name (Office Use Only)	Fair Market Value (Required)
PHYSICAL ITEM (to be displayed at auction)	(Date) TO BE DELIVERED BY DONOR
GIFT CERTIFICATE/OTHER	(Date) TO BE PICKED UP BY CS VOLUNTEER
DETAILED ITEM DESCRIPTION: QUANTITY, SIZE, COLOR, RESTRICTIONS, AND OTHER INFORMATION TO ENSURE PROPER UNDERSTANDING OF ITEM	
SPECIAL INSTRUCTIONS/SPECIAL RESTRICTIONS:	
DONOR SIGNATURE (REQUIRED)	STORAGE LOCATION:

Return form with donation item (if available) to:

Christ School

500 Christ School Road, Arden, NC 28704

FEDERAL TAX ID: 56-0615187