



Bourgade Catholic High School

4602 N. 31st Avenue * Phoenix, Arizona 85017
Phone: 602-973-4000 * Fax: 602-973-5854
www.bourgade.org

Auction Donor Form

Solicitor Name: _____ Phone: (_____) _____

Donor Name: _____
(Please PRINT name as it should appear in the program)

Company Contact Person Name: _____
(If donor is a company)

Donor Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ FAX: (_____) _____

(To be completed by auction committee)

Category _____

Item # _____ Package # _____

Catalog # _____

GG _____ NGC _____ Tangible Item _____

DONATION ITEM: _____ VALUE: \$ _____
(One item per donor form please)

PLEASE COMPLETE ALL OF THE FOLLOWING THAT APPLY
IN ORDER TO PROVIDE A DETAILED DESCRIPTION AND ENSURE PROPER UNDERSTANDING OF THE DONATION ITEM

SIZE: _____ COLOR: _____ MODEL: _____

DATE: _____ TIME: _____

SEAT LOCATION: _____ DESTINATION: _____

AVAILABILITY: _____ RESTRICTIONS: _____

ADDITIONAL INFORMATION: _____

EXPIRATION DATE: _____ DEADLINE FOR INCLUSION IN THE PROGRAM: _____
(One year from auction unless otherwise noted)

PLEASE PROVIDE ILLUSTRATIVE MATERIALS ON YOUR DONATION SUITABLE FOR DISPLAY AT THE AUCTION
IE: BROCHURES, MENUS, PHOTOGRAPHS, BUSINESS CARDS

- () I am returning this donor form with my donation. (Please retain the pink copy for your records.)
- () Please have a representative contact me about pick up/ delivery of my donation.
- () I am unable to provide an auction item, but please accept the enclosed cash donation of \$ _____.

Mailing address: Bourgade Catholic High School – 4602 N. 31st Ave, Phoenix, AZ 85017 – attn: Auction Committee

Signature of Donor: _____ Date: _____

Thank you for your generous support of Bourgade Catholic High School!

Pink Copy: Donor