



GRAND NIGHT GALA

St. Francis Xavier College Church
Donor Form

For office use only:	Auction Year: _____
Date Received: _____	Date Entered: _____
Procurement #: _____	Entered By: _____
Auction Type: _____	Catalog #: _____

Item Donated: _____

Donors Estimate of fair market value (required): \$ _____ Date: _____

Description of donated item for the auction catalog. Please list any restrictions, exclusions and/or specifications:

If certificate, it is: enclosed will be mailed College Church should create certificate

Donor (as it should appear in the catalog): _____

Contact Person (if different from above): _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____ E-Mail Address: _____

Please list my/our name in the program: As above Do not list Other: _____

If item needs to be picked up: Date: _____ Time: _____ Day: _____

Address if different from above: _____

Donor retains pink copy. Please return white & yellow copies to College Church.

For office use only:
Check #: _____ Check Date: _____
Received by: _____ Date Received: _____