



**MONTESSORI
SCHOOL OF BEAVERTON**

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FEDERAL TAX ID: 93-0954555 - 501(c)3

For office use only
ITEM #
Procured by: _____
Database Entry: _____

Auction Donation Form

Please print your name and/or business as you would like to see it listed in the catalog.

Donor or Business Name: _____

Contact Person (if different): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Email: _____ Website: _____

Business Parent Past Parent Grandparent Alumni Staff Friend

MSB families, only: Does your/spouse's employer participate in corporate matching? Yes ___ No ___ Company _____

Name of Item or Service being donated (one item per form, please): _____ Retail Value \$ _____

Item or Service Description: (Please give a detailed description of your donation. Include quantity, size, color, dates, times, number of rooms, number of persons per night, etc.)

Restrictions or special instructions: (expiration dates, exclusions, blackout dates, etc.)

Unless otherwise specified, all donations will expire one year from Auction Date.

<input type="checkbox"/> MATERIAL ITEM (Please check box that applies) <input type="checkbox"/> Item(s) delivered with this form <input type="checkbox"/> I will deliver my item to MSB by ____/____/____ <input type="checkbox"/> Please pick up my item by ____/____/____	<input type="checkbox"/> GIFT CERTIFICATE (Please check box that applies) <input type="checkbox"/> I have provided a certificate with this form <input type="checkbox"/> Please prepare a certificate using description above
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★ Donor Signature: _____ Date: _____

I am unable to donate an item, but would like to contribute \$ _____ Check enclosed

Kindly return by

Thank You!