

Bethlehem Christian Pre-School



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AUCTION DONATION INFORMATION

Catalog Category _____

Fair Market Value \$ _____

Item: (Please describe in detail) _____

Limitations, if any: (number of people, days/times/seasons available, reservations required, expiration date)

Please include a business card, logo, photo, menu or brochure if possible to help us graphically represent your donation.

DONOR INFORMATION

Donor Name/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Donor Signature: _____ Date: _____

**Thank you for your donation to Bethlehem Christian Pre-school Auction.
Our Tax ID number for your records is #930572512.**

Auction Use Only

Three copies made: _____ basket _____ procurement chair _____ attached to item Date _____

Original to donor _____

BCP Contact Name _____