



Donation Deadline: _____

P.O. Box 33211 • Seattle WA 98133 • www.cpsn.org

Location: _____

ITEM NAME:					
ITEM TYPE:		CATEGORY:			
CERTIFICATE?	<input type="checkbox"/> None	<input type="checkbox"/> Included with form	<input type="checkbox"/> Donor will send	<input type="checkbox"/> Auction to generate	
ITEM STATUS:	<input type="checkbox"/> Received	<input type="checkbox"/> Donor will deliver		<input type="checkbox"/> Arrange pickup on _____	
VALUE:	\$	VALUE TYPE:	<input type="checkbox"/> Estimable	<input type="checkbox"/> Priceless	

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ITEM RESTRICTIONS (dates/number of persons/weeks/days/nights, etc.)

EXPIRATION DATE (if any):	
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PLEASE CHECK APPROPRIATE BOXES:	<input type="checkbox"/> Item can be duplicated X ____ (<i>how many times?</i>)	<input type="checkbox"/> Item photo display included
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Name <i>(as it will appear in catalog)</i>			
Contact Name <i>(if a business)</i>			
Address		City/State/Zip	
Phone		Email	
DONOR IS:	<input type="checkbox"/> Business	<input type="checkbox"/> Changes member	<input type="checkbox"/> Changes alumni <input type="checkbox"/> Other _____
PLEASE CONTACT ME ABOUT:	<input type="checkbox"/> Sending me an invitation to this auction	<input type="checkbox"/> Placing an ad in the auction catalog	
<input type="checkbox"/> Sponsoring a table at the auction	<input type="checkbox"/> Volunteer opportunities for the auction	<input type="checkbox"/> Volunteer opportunities for organization	

Name			
Address		City/State/Zip	
Phone		Email	

Name <i>(please print)</i>	
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