

AUCTION PROCUREMENT FORM

Donation Deadline:

For Office Use Only
Procurement #
Location:

CPSN Tax ID # 91-1737849

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

INSTRUCTIONS: To fill electronically, click on blank box and type, or to check boxes, click on check box **ITEM NAME: ITEM TYPE: CATEGORY: CERTIFICATE?** None Included with form Donor will send Auction to generate **ITEM STATUS:** Received Donor will deliver Arrange pickup on **VALUE:** \$ **VALUE TYPE:** Estimable **Priceless DETAILED ITEM DESCRIPTION** (for use in catalog listing) **ITEM RESTRICTIONS** (dates/number of persons/weeks/days/nights, etc.) **EXPIRATION DATE** (if any): PLEASE CHECK APPROPRIATE BOXES: Item can be duplicated **X** (how many times?) Item photo display included NOTE: NO ITEMS ON CONSIGNMENT • ITEMS TO BE USED AT ORGANIZATION'S DISCRETION TO MAXIMIZE BENEFIT • PLACEMENT IN SILENT OR LIVE AUCTION BY COMMITTEE **DONOR INFORMATION** (please print) Name (as it will appear in catalog) **Contact Name** (if a business) **Address** City/State/Zip **Phone Email** DONOR IS: Business Changes member Other Changes alumni PLEASE CONTACT ME ABOUT: Sending me an invitation to this auction Placing an ad in the auction catalog Sponsoring a table at the auction Volunteer opportunities for the auction Volunteer opportunities for organization **PROCURER/AUCTION VOLUNTEER INFORMATION** (if different) Name **Address** City/State/Zip **Phone Email** DONOR ACKNOWLEDGES THAT NOTHING OF VALUE HAS BEEN RECEIVED IN EXCHANGE FOR THIS DONATION

DONOR SIGNATURE

Name (please print)

Date