|  |  |  |
| --- | --- | --- |
| http://sz0108.ev.mail.comcast.net/service/home/~/logo.jpg?auth=co&loc=en_US&id=35960&part=2a 501(c)3 not-for-profit organization | **AUCTION PROCUREMENT FORM***Changes Parent Support Network*P.O. Box 33211, Seattle WA 98133[www.CPSN.org](http://www.cpsn.org/) ◊ 1-888-468-2620CPSN Tax ID # 91-1737849 | **For Office Use Only****Item # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Package # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Donation Deadline: August 15, 2011 2011 Auction Event Date: October 15, 2011**

*For more information about the auction, email* *changesinfo@gmail.com**, or call Marie at 206-271-3966*

*Instructions: To fill electronically, click where indicated and type, or to check boxes, click on box.*

***DONATION –***

|  |  |
| --- | --- |
| **Item name:** | Click here to enter text. |
| **Item type:** | Click here to enter text. | **Category:** | Click here to enter text. |
| **Certificate?** | **☐** None | **☐** Included with form | **☐** Donor will send | **☐** Auction to generate |
| **Item Status:** | **☐** Received | **☐** Donor will deliver | **☐** Arrange pickup on |
| **Value:** | **$**Click here to enter text. | **Value type:** | **☐** Estimable | **☐** Priceless |

**Detailed item description** *(for use in catalog listing)****:***

*(NOTE: NO ITEMS ON CONSIGNMENT • ITEMS TO BE USED AT ORGANIZATION’S DISCRETION TO MAXIMIZE BENEFIT • PLACEMENT IN SILENT OR LIVE AUCTION BY COMMITTEE)*

|  |
| --- |
| Click here to enter text. |
| **Item restrictions** *(dates/number of persons/weeks/days/nights, etc.)****:***Click here to enter text. |
| **Expiration date** *(if any)***:** | Click here to enter text. |
| **Please check appropriate boxes:** | **☐** Item can be duplicated **X \_\_\_\_\_** *(how many times?)* | ☐ Item photo display included |

***DONOR –***

|  |  |
| --- | --- |
| **Name** *(as it will appear in catalog)****:*** | Click here to enter text. |
| **Donor is:** | **☐** Business | **☐** Individual | **☐** Member | **☐** Alumni | **☐ Anonymous? ☐** No **☐** Yes |
| **Address:** | Click here to enter text. | **City/State/Zip:** | Click here to enter text. |
| **Phone:** | Click here to enter text. | **Email:** | Click here to enter text. |
| **Contact name** *(if a business)****:*** | Click here to enter text. |
| ***Please contact me about:*** | **☐** Sending me an invitation to the auction | **☐** Placing an ad in the auction catalog |
| **☐** Sponsoring a table at the auction | **☐** Volunteer opportunities for the auction | **☐** Volunteer opportunities for organization |

***SOLICITOR (CPSN Volunteer) –***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | Click here to enter text. | **Group/affiliation:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **City/State/Zip:** | Click here to enter text. |
| **Phone:** | Click here to enter text. | **Email:** | Click here to enter text. |

*DONOR ACKNOWLEDGES THAT NOTHING OF VALUE HAS BEEN RECEIVED IN EXCHANGE FOR THIS DONATION*

|  |  |  |  |
| --- | --- | --- | --- |
| **Donor signature:** |  | **Date:** | Click here to enter text. |
| **Name** *(please print)****:*** | Click here to enter text. |