

Beaches Episcopal School
1150 Fifth Street North Jacksonville Beach, Florida 32250
Phone (904) 246-2466 Fax (904) 246-1626

ITEM DONATION FORM
(To Be Completed By Donor)

Donated Item: _____ Fair Market Value: _____ Min. Bid: _____

List name as donor should be credited in the catalog: _____

Donor: _____ Phone: _____

Address: _____ City, State, Zip: _____

Donor Contact Person: _____ Authorizing Signature: _____

Description of Item (include all information for catalog description and publicity: for example, interesting facts, model, unusual aspects, rarity, size and color, dates, etc.) Attach any art work, brochures, publicity or pictures for auction catalog and display:

Limitations (number of persons, time of year, excluded dates, geographical limitations, insurance, etc.):

Please check all that apply:

_____ This contract is for a tangible item.

_____ Item is attached to this contract.

_____ Item will be delivered to Beaches Episcopal School on (date) _____.

_____ Item will be available for pick-up on (date) _____.

_____ This contract is for a gift certificate.

_____ Certificate is attached to this contract.

_____ Certificate will be mailed to Beaches Episcopal School by (date) _____.

_____ We do not have gift certificates. Please provide one using the above information.

_____ I/we would like to purchase _____ ticket(s) to the gala.

(To Be Completed by Donee)

Solicited by: _____

Date: _____

Received by: _____

Date: _____

If the item is not received at the time of solicitation, then this receipt will be mailed upon delivery.

Thank you for your Support!

No goods or services were provided in exchange for this donation, except where noted.

Tax ID#: 59-7065911

We reserve the right to combine individual donations unless otherwise noted