

Auction Donation Form



Donor Name As It Will Appear In Materials	Office Notes:
Business /Individual Name	
Mailing Address	
City, State Zip	
Contact Name	
Contact Phone	<p>Thank you for your support!</p> <p><u>PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS</u></p> <p>The Mid County Chamber of Commerce is a 501c6 organization. Please consult a tax professional for guidance.</p>
Donation Authorized by:	
E-mail Address	

Describe donation in detail. *This description will be used to write the catalog copy. Please be complete (i.e., quantity, size, color, number of people, valid dates, etc.) Please attach any additional information.*

Restrictions: (note expiration dates, age requirements, etc.)	<p>DONOR STATED VALUE</p> <p>\$ _____</p>
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Please note: The Chamber reserves the right to adjust values according to current market values.

<p><u>Nature of Item(s)</u></p> <p>TANGIBLE DONATION</p> <p><input type="checkbox"/> Physical Item</p> <p>INTANGIBLE DONATION</p> <p><input type="checkbox"/> Gift Certificate <input type="checkbox"/> Experience/Trip</p> <p><input type="checkbox"/> Other: _____</p> <p>CASH DONATION</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card _____</p> <p style="text-align: right;"><i>Exp. Date:</i> _____</p> <p>Signature of Donor</p> <p>X</p>	<p>Status of Donation (Donations requested by October 3rd)</p> <p><input type="checkbox"/> Delivered/Mailed to Chamber Office along with this form</p> <p><input type="checkbox"/> Item/Certificate will be delivered to the Chamber office on _____ <i>Date</i></p> <p><input type="checkbox"/> My donation will be ready for pick up on _____ <i>Date</i></p>
	<p style="text-align: center;">Return form/donations to:</p> <p style="text-align: center;">Mid County Chamber of Commerce 2915 Sutton Blvd., Maplewood, MO 63143 314-781-8588 • Fax 844.701.5904 Email: membership@midcountychamber.org</p>