

Auction Donor Form

Date: _____

SJA Tax ID # 95-1644613

Donor Contact Name: _____

Business Name: _____

Address: _____

Business Phone: _____

Home Phone: _____

Email Address: _____

Signature: _____

Attach Donor Business Card Here

Donor Listing For Program: _____

Item Description	Item Value
1 _____ _____	_____
2 _____ _____	_____
3 _____ _____	_____
4 _____ _____	_____

Restrictions/Expiration, if any: _____

DO NOT WRITE BELOW THIS LINE

Item will be: Taken Today Pick-up (date & time of pick up: _____)

Or...Gift Certificate Provided by: Donor Auction Committee

Auction Committee Representative: _____ Phone: _____

St. James Academy Family Name: _____