**Benefit Auction 2018**

**DONATION FORM**

**PART I: Donor’s Information: PLEASE PRINT CLEARLY OR TYPE**

|  |  |
| --- | --- |
| Contact Name (First & Last) |  |
| Business Name: * Please mark if a PS 158 family business
 |  |
| *Donor’s name as it is to appear in Acknowledgements*  |  |
| Mailing Address: |  |
| City, State, ZIP: |  |
| Contact Phone: |  |
| Contact email: |  |

**PART II: Donation information**

|  |  |
| --- | --- |
| Please Include a description of donated item or service: |  |
| Retail Value (important) |  |
| Instructions, Restrictions, Stipulations (important) |  |
| Expiration Date (if applicable):  |  |
| Check one of the following: | * Donation Enclosed
* Call to arrange pickup or delivery
* Present this form to redeem donation
 |

**PART III: Solicitor Information**

|  |  |
| --- | --- |
| Name: |  |
| Contact Phone/email: |  |
| Child’s class/teacher name: |  |