

AUCTION PROCUREMENT FORM



P.O. Box 602
Marysville, WA 98270
Phone: (425) 760-0444
donations@leahsdream.org

AUCTION COMMITTEE USE ONLY
PROCUREMENT # _____
DATE RECEIVED: _____
INITIALS: _____

TITLE OF ITEM/SERVICE

Fair Market/Estimated Value
\$

CHECK ALL THAT APPLY:

- ITEM (Please attach this form to item)
- GIFT CERTIFICATE (Attached)
- CREATE GIFT CERTIFICATE (Use information provided on this form)
- ITEM TO BE DELIVERED (Date: _____)
- ITEM TO BE PICKED UP (Contact name and number: _____)
- I/We do not want this item bundled with any other items.
- CASH CONTRIBUTION (Please indicate contribution amount \$ _____)

Please make checks out to Leah's Dream Foundation

DETAILED DESCRIPTION (Quantity, size, color or other information to ensure proper understanding of donated item):

DONOR INFORMATION (as it should appear in the catalog):

NAME:

ADDRESS:

PHONE:

EMAIL ADDRESS:

CONTACT NAME FOR ARRANGEMENTS:

CONTACT PHONE NUMBER:

Leah's Dream Foundation is a registered 501(C)(3) Non-Profit Corporation. Tax ID #47-3943401

website: www.leahsdream.org