

Auction Office Use Only:

Procurement # _____

Catalog # _____

MARTHA & MARYSM

Generations of Care Auction
In-Kind Donation Form
www.marthaandmary.org



NAME/TITLE OF DONATION (Please print or type and limit one item/bundle per form)

Example: 2 Tickets to Sleeping Beauty by the Pacific Northwest Ballet

DONOR CONTACT INFORMATION (required)

This gift is to be anonymous (name not published)

Business Name (as it should appear in printed material)			
Contact Last Name	First Name	Middle Initial	Title (Mr., Ms., Mrs., etc)
Mailing Address (below information will not be displayed for public view) <input type="checkbox"/> Check if new <input type="checkbox"/> Check if this is a business address (not personal)			
City		State	Zip
Email (required)		Phone (required)	

DONATION INFORMATION (required)

Donation name & detailed description – <i>Include limitations or restrictions and expiration date</i> as applicable. Catalog information will be based upon this information.	Estimated Fair Market Value of Donation: \$ _____
<input type="checkbox"/> Tangible item/ Product <input type="checkbox"/> Certificate item/ Service <input type="checkbox"/> Donor to provide certificate <input type="checkbox"/> Martha and Mary to create certificate Item/certificate delivered to Martha and Mary: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, when will it be delivered: _____	
<i>Special arrangements can be made if an item needs to be picked up by an Auction event representative. Please contact us to schedule the pick up!</i>	

DONOR SIGNATURE (required)

Signature	Date
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**Please return to: Martha & Mary Attn: Fund Development • 19160 Front St NE / Po Box 127 • Poulsbo, WA 98370
Phone: 360.779.7500 • Fax: 360.626.0649 • Email: auction@mmhc.org**

*Martha & Mary Lutheran Services is a non-profit 501(c)(3) corporation under IRS code, Tax ID# 91-0567265.
Please note: Donations are tax-deductible only to the extent of the law. (Consult your tax advisor to determine the tax implications of your gift)*