Auction Office Use Only:

Procurement # _____

Catalog #_____

MARTHA & MARY℠

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) ☐ Check if new ☐ Check if this is a business address (not personal)			
City		State	Zip
Email (required)	Phone (required)		

DONATION INFORMATION *(required)*

Donation name & detailed description – *Include limitations or restrictions and expiration date* as applicable. Catalog information will be based upon this information.	Estimated Fair Market Value of Donation: $_____

☐ Certificate item/ Service

☐ Donor to provide certificate

☐ Martha and Mary to create certificate

Item/certificate delivered to Martha and Mary: ☐ Yes ☐ No If not, when will it be delivered: _____

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!

DONOR SIGNATURE *(required)*

Signature	Date

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)