

1025 SW Rosemont Rd. West Linn, Or 97068 503.673.7950 trilliumcreekpta.org

**Trillium Creek Primary Donation Form**

Tax ID# 45-5579768

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| --- | --- |
| Donor Name | Name To Be Listed In Program |
| Contact Name | E-Mail |
| Home Address | Business Address |
| Home Phone | Business Phone |
| Item(s) | Estimated Value |
| Donor: Please give details of the item. Please write it as you would like it to appear . Please be as specific and detailed as possible such as size, quantity, dates available. |
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|   |
|   |
|   |
| **Please check appropriate box** |  |  |  |  |  |  |  |  |
|   | Will deliver |  |   | Need Pickup |  |   | Gift Certificate |
|  |  |  |  |  |  |  |  |  |  |  |  |
|   | Merchandise |  |   | Donor wishes to remain anonymous |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|   | Please send ticket information to attend auction |  |  |  |

I understand that this donation is given free of any encumbrances not noted above and that the successful bidder becomes the free and clear owner of the item. The proceeds from the donation will be used for the general purpose of carrying on the work of the benefitting agency, Trillium Creek PTA Association, and that no portion of the proceeds will be used for personal profit of any individual concern. Any contribution made may be tax deductible.

Date; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Donor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trillium Creek Primary Solicitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item # |   | Category |   | Entered By: |   |   |
|  |  |  |  |  |  |  |
| Pkge # |   | Affiliate |   | Item Stored |   |   |