



Wesleyan Parents Club

Gifts in the Garden Gala Auction

Item Donation Form

For Office Use Only
Item Tracking #: _____
Item Catalog #: _____

Please print clearly. All fields required.

Item Donated By <i>(Name of Individual(s) and/or Business as Donor wants to be listed in Auction Catalog)</i>
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Important: For Tax Receipt / Thank You Letter, Questions, etc. - Complete Donor Information Required

DONOR 1	Primary Name <i>Mr, Mrs, Ms, Miss, Dr, etc.</i> <i>First Last</i>
	Spouse Name <i>Mr, Mrs, Ms, Miss, Dr, etc.</i> <i>First Last</i>
	Address <i>(Street, City, State, Zip)</i> <i>(Circle one: Home Business)</i>
	Business Name <i>(if applicable)</i>
	Donor is: <input type="checkbox"/> Wesleyan Family-Personal <input type="checkbox"/> Wesleyan Family-Business <input type="checkbox"/> Wesleyan Faculty/Staff <input type="checkbox"/> Non-Wesleyan
	Phone Number
E-Mail Address:	

Complete if more than one donor, and attach additional sheets if more than two donors

DONOR 2	Primary Name <i>Mr, Mrs, Ms, Miss, Dr, etc.</i> <i>First Last</i>
	Spouse Name <i>Mr, Mrs, Ms, Miss, Dr, etc.</i> <i>First Last</i>
	Address <i>(Street, City, State, Zip)</i> <i>(Circle one: Home Business)</i>
	Business Name <i>(if applicable)</i>
	Donor is: <input type="checkbox"/> Wesleyan Family-Personal <input type="checkbox"/> Wesleyan Family-Business <input type="checkbox"/> Wesleyan Faculty/Staff <input type="checkbox"/> Non-Wesleyan
	Phone Number
E-Mail Address:	

Item Description <i>(Please give complete, detailed description. If applicable, explain all restrictions, redemption instructions, etc. Attach brochure, photos, appraisal, or other information if available. Attach additional sheets as necessary.)</i>

Date Item Donated	Fair Market Value <i>(Required. Per IRS, donor must provide value. "Priceless" not allowed.)</i> \$ _____
Donor provide gift certificate / tickets for item? Yes No Auction Committee needs to create gift certificate for donor? Yes No Donor provide brochure, appraisal, other info.? Yes No	If gift certificate / tickets, Expiration Date: <input type="checkbox"/> One year from auction <input type="checkbox"/> Does not expire <input type="checkbox"/> Other <i>(specify MM/DD/YY)</i> _____

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Item Name <i>(Approx. 1-6 words)</i>	
Item Category	Storage Location
Acquisitions Committee Member / Solicitor <i>Name</i>	