

Auction Item Donation Form

Item(s) donated:					
Value:					
Description of Item: _					
Restrictions/Instructio	ns (expiration date, bl	lackout dates, etc.):			
□ Actual Item include to be created □ Ite					tificate needs
Contact person for pick up/delivery:			Phone:		
Donor/Company Info	ormation:				
Contact Name:					
Address:		City:		_ State:	Zip:
Phone:	Email:		Website:_		
Donor Name as it sho	ould appear in prom	notional materials:			
Donor Signature:				Date:	

Good Shepherd Center acknowledges your generous donation. Good Shepherd Center is a 501 (c)(3) organization and all donations are tax-deductible to the fullest extent allowed by law. Federal Tax Id 56-1566178.



Please retain a copy for your records. Please return form by September 30th to:

Good Shepherd Center
Attn: Carolyn Gonzalez
811 Martin Street, Wilmington NC 28401
or fax a copy to (910) 763-7394 or email a copy to
cgonzalez@goodshepherdwilmington.org