

Auction Item Donation Form

Item(s) donated:			
Value:			
Description of Item:			
Restrictions/Instructions (expiration date	, blackout dates, etc.):		
□ Actual Item included with form □ It □ A Gift Certificate needs to be create			d with form
Contact person for pick up/delivery:		Phone:	
Donor/Company Information:			
Contact Name:			
Address:	City:	State:	Zip:
Phone: Email:	Websi	te:	
Donor Name as it should appear in pro	omotional 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 14, 2016 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 cgonzalezr@goodshepherdwilmington.org