

Good Shepherd Center

Auction Item Donation Form

Item(s) donated:					
Value:					
Description of Item:					
Restrictions/Instructions (expirat	ion date, blackout d	ates, etc.):			
 Actual Item included with for A Gift Certificate needs to be 				d with form	
Contact person for pick up/de	elivery:		Phone:		
Donor/Company Information:					
Contact Name:					
Address:		_ City:	State:	Zip:	
Phone: Em	nail:	Websit	e:		
Donor Name as it should appe	ar in promotional n	naterials:			
Donor Signature:			Date:		
Good Shepherd Center acknowledges yo tax-deductible to the fullest extent allowe	0	•	501 (c)(3) organization (and all donations are	
^		Please retain a copy for your records.			
	Please	e return form by Oct	ober14, 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 <u>cgonzalez@goodshepherdwilmington.org</u> http://goodshepherdwilmington.org/2016/08/3rd-annual-flavor-of-north-carolina/