KING'S WAY
CHRISTIAN SCHOOLS

Item #_____

Pkg #_____

3300 NE 78th St. ● Vancouver, Wa. 98665 ● (360) 574-1613 ● Fax: (360) 573-5895 ● auction@kwcs.org ● Tax ID: 47-3890449

Donor Information

Donor *(name as it should appear in catalog)*: _____

Contact Person *(for arrangements)*: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

Web: _____

Do you want the donation listed by:

☐ Business ☐ Your Name ☐ Anonymous

Donation Description

Include quantity, size, color, number of rooms, number of persons, limitations or restrictions, if any.
Catalog description will be made from this information.

Name of item:

Expiration date or other restrictions: _____

_____

_____

Unless otherwise specified, all donations are understood to be valid 1 year from auction date.

Value of donation $_____

Donor is responsible to comply with IRS regulations.

☐Cash donation in the amount of $_____

Check all that apply:

☐Item & certificate delivered with form.
☐Please prepare a certificate for my item.
☐I will deliver my item by _____
☐Please arrange for pick-up of my item.
☐I have enclosed brochures, photo, and/or display materials.

For office use only

Entered ☐ Tagged ☐ Solicitor: _____

Category: ☐ Adopt A Basket ☐ Class Project: _____

☐ Sponsorship ☐ Vacation ☐ Other

Donor signature: _____ Date: _____

WHITE COPY: OFFICE YELLOW COPY: DONOR