



NWACC
FOUNDATION

PLANT A SEED SOIREE SILENT AUCTION ITEM DONATION FORM

complete separate form for each item

DONOR NAME: _____ ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ - _____ EMAIL ADDRESS: _____

NAME AS YOU WOULD LIKE TO BE RECOGNIZED

☐ ITEM/PRODUCT/SERVICE: _____ VALUE (\$): _____

OR
☐ GIFT CERTIFICATE: CERTIFICATE PROVIDED: ☐ YES ☐ NO EXPIRATION DATE: _____

DESCRIPTION AS IT SHOULD APPEAR

DONATION PICK UP PLACE: _____ DATE(S) / TIME(S) FOR PICK UP: _____

DONOR SIGNATURE: X _____

SOLICITOR: _____ PHONE: _____

Thank You!

OFFICE USE ONLY

ITEM # _____ PROCURED BY: _____

STORAGE LOCATION: _____

☐ RECEIVED
☐ ACKNOWLEDGED