



Spike2Care
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Spokane, WA 99202
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Auction & Gala Donation Form

Today's Date		
Committee Member	Name:	Phone:

Donor Information:	
BUSINESS/DONOR NAME FOR CATALOG: <i>(As it should appear in catalog)</i>	
Donor Contact Name:	Donor Address:
Phone:	City: State: Zip:
Email <i>(This is how we will send you your receipt. Please Print Clearly.)</i>	

Item Information:		
Item:	Estimated Dollar Value:	
Item Description – Include Quantity, Size, Color, Number of Persons, Days/Nights and <u>ALL RESTRICTIONS</u> :		
Mark Appropriate Box: <input type="checkbox"/> Delivery of Item by Donor <input type="checkbox"/> Donor Provides Certificate <input type="checkbox"/> Item Needs to be Picked Up <input type="checkbox"/> Committee to Create Certificate <input type="checkbox"/> Promotional Material Provided By Donor	Signature:	Date:

For Office Use Only:	
Tracking Number:	Notes:

Federal Tax ID #47-4545145

