

Donation Form



The **Caring Center**
2018 Silent Auction Fundraiser

Donor or Organization Name: _____
(as it should appear in event materials)

Donor Contact Name & Title: _____
(if different/applicable)

Complete Address: _____

Donor Role: Member *Business owner* *Other*
(circle one)

Donor Signature: _____

Donated Item/Service Information:

Item/Service Name: _____ Item/Service Value: _____

Detailed Description: *(please specify quantity, size, color, redemption instructions & any information to ensure proper listing of item. Attach additional page if necessary)*

Donation Delivery *(select one):*

- Donor will deliver item(s) to The Caring Center no later than Monday, April 2
 Caring Center contact can pick-up donated item(s) – All items must be ready for pick-up by April 2

Contact Name & Number: _____

Address (if different from above): _____

Desired Pick-Up Date: _____

Please email form to jacquie.patterson@gmail.com or mail to:

The Caring Center
c/o Silent Auction
3101 Spring Garden St,
Philadelphia, PA 19104

Thank you for your support!