



DONATION FORM

DONOR INFORMATION (PLEASE PRINT)

Name of Donor/Company (to appear in event program): _____

Contact Person(s): _____

Business Address: _____

City, State, Zip Code: _____

Phone: _____ Email: _____

Student's Name/Homeroom (if applicable): _____

DONATION INFORMATION (PLEASE PRINT Use Back of sheet if necessary)

Detailed Description of Donation: _____

Estimated Fair Market Value: \$ _____

Restrictions? If yes, please provide details: _____

DONATION DETAILS (check all that apply)

Delivery

I will deliver*

Contact me to arrange pickup, pick-up ready on (Date) _____

Special Requests: _____

***Deliver Donation Items by January 25th, 2019 to:**

Mabry Elementary PTA, 4201 West Estrella Street, Tampa, FL 33629. Please deliver in the front office to Jenny Lovell, Stacey Shepherd or Karen Taylor.

Date: _____ Signature: _____

Thank you for supporting our school. Questions? Please e-mail us at MabryElementaryAuction@gmail.com
Additional Forms are available at MabryPTA.org/auction

Mabry Volunteer helping with this donation (Name and contact information): _____

Your donation may be tax deductible. Consult your tax advisor. IRC501(3)(c). FedID:23-7102409