



St. Vincent de Paul School

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Date received _____
Tracking # _____
Auction # _____
Catalog# _____
Item Category _____

DONOR Name (as it should appear in the catalog) _____ Phone/Fax _____
 List me as Anonymous in catalog.
Contact Name (if a business) & Title _____ Email _____
Address _____ City/State/Zip _____
 Please send me auction information.

Auction Representative: _____ Phone _____
Address _____ City/State/Zip _____

ITEM NAME **FAIR MARKET VALUE - \$**
(REQUIRED)

Item Description (Describe in detail for use on auction listing - include restrictions.)

Tangible Item
 Item accompanies this form.
 Item will be delivered to St. Vincent de Paul School on: / /
 Item to be picked up by St. Vincent de Paul School.
 Cash donation enclosed
 Please send me an invitation to the auction

Certificate Item
 Gift certificate accompanies this form.
 The Auction Office should make a gift certificate for this item.
 Expiration date / / (if not specified, 1 year from event).