

P.A.C.E. Parish Auction for Catholic Education

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Date Received	
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Item Category	

DONOR Name (as it should appear in the catalog)	Phone/Fax
☐ List me as Anonymous in catalog.	
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\square Please send me auction information.	
Auction Representative: Name	Phone
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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).
St. Vincent de Paul Catholic Sch	ool Tax I.D. Number 91-0756413