

Old Mill Center for Children and Families

AUCTION DONATION FORM

ITEM OR SERVICE DONATED _____

Value _____

ITEM DONATION

____ Item received

____ Item to come Arrangements: _____ donor will deliver - date _____
_____ procurer will pick up - date _____

GIFT CERTIFICATE for service (or item) donation

____ Donor's own Gift Certificate received

____ Donor's own Gift Certificate to come

Arrangements: _____ donor will deliver - date _____
_____ procurer will pick up - date _____

____ Old Mill Center will make a gift certificate

INFORMATION AND DETAILS FOR THE GIFT CERTIFICATE OR ITEM (Please include special times, dates, or restrictions and expiration dates)

CASH DONATION

____ Check received - check # _____ date _____

____ Donor will deliver or send check (on or by) date _____

____ Procurer will pick up check (on or by) date _____

DONOR INFORMATION ____ Business Donation ____ Individual ____ Anonymous Donor

LAST NAME _____ FIRST NAME _____

COMPANY _____

ADDRESS _____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

EMAIL ADDRESS: _____

PROCURED BY: _____

1650 SW 45th Pl Corvallis, OR 97333

www.oldmillcenter.org

Tax ID 93-0722603

Office Use Only

entered _____ date _____ acknowledged _____ date _____