



Queen of Angels Catholic School

AUCTION DONATION FORM

Tax ID #: 58-2416044

Queen of Angels Catholic School — Development Office
11340 Woodstock Road, Roswell, GA 30075
770-518-1804 ext. 104/ Fax: 770-518-0945

www.qaschool.org/givingtoqa/events

Instructions: Please fill out form completely. The bottom, yellow copy is for your tax records. If you would like to provide promotional materials, menus or brochures with your item, please include them with this form.

ITEM INFORMATION

NAME OF ITEM: _____

DESCRIPTION: (will appear in catalog)

RESTRICTIONS: (expiration, blackout dates, etc.)

Fair Market Value: \$ _____

THIS ITEM IS (check one)

GIFT CERTIFICATE

is attached to this form

will be provided by donor on ___/___/___

to be created by QACS

MERCHANDISE

is provided with this form

will be dropped off by donor on ___/___/___

will be picked up by QACS contact ___/___/___

DONOR INFORMATION

NAME OR COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(s): _____ EMAIL: _____

CONTACT NAME (if a Company) _____

DONOR NAME TO APPEAR IN CATALOG : _____

QACS CONTACT : _____ PHONE: _____

For Office Use Only

_____ Event _____ Date Entered _____ Category _____ Item Number _____ Catalog

Comments _____



AUCTION DONATION FORM

Tax ID #: 58-2416044

Queen of Angels Catholic School — Development Office
11340 Woodstock Road, Roswell, GA 30075
770-518-1804 ext. 104/ Fax: 770-518-0945

www.qaschool.org/givingtoqa/events

Instructions: Please fill out form completely. The bottom, yellow copy is for your tax records. If you would like to provide promotional materials, menus or brochures with your item, please include them with this form.

ITEM INFORMATION

NAME OF ITEM: _____

DESCRIPTION: (will appear in catalog)

RESTRICTIONS: (expiration, blackout dates, etc.)

Fair Market Value: \$ _____

THIS ITEM IS (check one)

GIFT CERTIFICATE

is attached to this form

will be provided by donor on ___/___/___

to be created by QACS

MERCHANDISE

is provided with this form

will be dropped off by donor on ___/___/___

will be picked up by QACS contact ___/___/___

DONOR INFORMATION

NAME OR COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(s): _____ EMAIL: _____

CONTACT NAME (if a Company) _____

DONOR NAME TO APPEAR IN CATALOG : _____

QACS CONTACT : _____ PHONE: _____

For Office Use Only

_____ Event _____ Date Entered _____ Category _____ Item Number _____ Catalog

Comments _____