

Auction Procurement Form



**SNOHOMISH
LACROSSE**

P.O. Box 1068
Snohomish, WA 98291

Tax ID #91-2160307

www.snolax.com

DONOR INFORMATION

Donor or Company Name:
Contact Person:
Website: E-mail:

Address:	
City:	State:
Zip:	
Phone #:	
Fax #:	

ITEM INFORMATION

Item Name:

Item Description for Catalog : Include any restrictions of use, time/date limitations, all special conditions, size and color or other information to ensure proper understanding of donation. Provide picture or brochure if available.

Expiration Date:	Retail Value:
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CHECK ALL THAT APPLY:

- Item to be delivered by donor
- Auction Committee to pick up item
- Donor to provide certificate
- Auction Committee to provide certificate
- Contact me about advertising in the Auction Catalog

For Auction Use Only

Item Number _____

_____ Live Auction

_____ Silent Auction

_____ Entered into Database

_____ Needs Gift Certificate Made

_____ Needs Display Made

Procurer Name: _____

Phone: _____