

LEGENDS AT THE LEGACY AUCTION

DONOR INFORMATION

Donor Name _____ Anonymous?
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____
Contact Name _____ List in Catalog? Yes No
Solicited By _____

DONATION

Item Name _____
Item Location Received Donor will deliver Arrange pickup
Gift Certificate? None Included Donor will send Create
Retail Value _____ *(this is very important for tax purposes)*

Item Description

Restrictions

Expiration Date _____

DONOR # _____ ITEM # _____