jewish community project JCP downtown

JCP Downtown Annual Benefit 2012
Auction Item Donation Form

SOLICITOR'S NAME: _____

DONOR/BUSINESS NAME:

CONTACT PERSON/S:

PHONE:

ADDRESS:

EMAIL:

ITEM(S) TO BE DONATED – FULL DESCRIPTION
(Please attach literature, photos, brochures, terms, instructions, etc):

_____

_____

_____

_____

ITEM CERTIFICATE

❒ **Certificate is attached** ❒ **JCP to produce certificate** ❒ **Physical Item**

EXPIRATION DATE (IF APPLICABLE):

_____

SPECIAL INSTRUCTIONS FOR REDEMPTION (IE: BLACKOUT DATES):

_____

ESTIMATED VALUE OF DONATION:

_____

Determination of value for tax purposes is donor's responsibility.
Please keep one copy for your records.

_____

Donor Name Signature Date

***JCP greatly appreciates your auction items and reserves the right to use them at a future fundraising event**

For Office Use Only

DATE FORM RECEIVED	DATE ITEM RECEIVED	SPECIAL INSTRUCTIONS

To fill out this form electronically, visit jcpdowntown.org/benefit

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