



All Saints Catholic Academy
 Attn: Tim Traynor
 1155 Aurora Ave., Naperville, IL 60540
 630-961-6125
 630-961-3771 (Fax)
 ttraynor@ascacademy.org

FOR OFFICE USE ONLY:	
Inventory # _____	_____
Entered By _____	_____

**ALL SAINTS CATHOLIC ACADEMY
 February 20, 2016 AUCTION DONATIONS**

Form must be received at the school by **January 8, 2016** to make print in the Auction Catalog.

Date _____

_____ Family Donation for Fundraising Credit: Family Name _____ _____ Non-family Corporate or Business Donation
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Donor Information:

Name: _____
 Address: _____
 City, State, Zip: _____
 Contact Person: _____
 Phone (____) _____ Fax(____) _____ E-Mail _____

Signature (Required): _____

Donation Information:

Items or Services Donated and Description	Declared Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
TOTAL AMOUNT OF DONATION:	\$ _____

Restrictions-dates, expiration, etc. (All items expire one year from date of auction unless otherwise stated)

_____ Donation enclosed _____ Donation will be delivered	_____ Donation to be picked up _____ Other _____
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