



All Saints Catholic Academy
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FOR OFFICE USE ONLY:
Inventory # _____
Entered By _____

**ALL SAINTS CATHOLIC ACADEMY
 March 15, 2014 AUCTION ITEM DONATIONS**

Form must be received at the school by **January 31, 2014** to make print in the Auction Catalog.

Date _____

_____ Family Donation for Fundraising Credit: Family Name _____ _____ Corporate Donation

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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