

LUTHERAN HIGH SCHOOL ST. CHARLES COUNTY DINNER AUCTION

Year

PRINT AND PRESS FIRMLY TO PRODUCE THREE CLEAR COPIES

Office use only:

Donor # _____

Auc. Code _____

or

Pkg. Code _____

Database # _____

Date Entered: _____

Entered by: _____

Donor _____ **Phone** _____
 (The company, organization or individual to be credited in the program book unless indicated otherwise below.)

Address _____
 (Complete address required for acknowledgement letter to donor.)

City _____ **State** _____ **Zip** _____

Item Donated _____
 (Brief—to be used as heading in program book. If cash donation, write "Cash".)

Value \$ _____ .00 **Min. bid** \$ _____ .00
 (Estimate if value is unknown.) (If requested by donor; default is 10% of Value or \$2.00, whichever is more.)

Check if donor does not want recognition in program book.

Complete description of item, including any limitations, restrictions or special considerations. Include contact name and phone number if arrangements are needed for this item.

Donor Signature _____ **Donor Name (printed)** _____
 (If not printed above)

Item will be located at _____

Item will be delivered to: _____ **on (date)** _____

or

Item is to be picked up at: _____ **on (date)** _____

Soliciting Organization (Check only one, please)

- | | | | | |
|---------------------------------|--|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Alumni | <input type="checkbox"/> Chapel of the Cross | <input type="checkbox"/> Holy Cross | <input type="checkbox"/> Immanuel - SC | <input type="checkbox"/> Immanuel - W |
| <input type="checkbox"/> LHS | <input type="checkbox"/> Messiah | <input type="checkbox"/> Our Savior | <input type="checkbox"/> Trinity OF | <input type="checkbox"/> Zion |

Solicitor (name) _____ **Phone** _____