

San Juan Del Rio Catholic Church and School

1718 State Road 13 North, St. Johns, FL 32259
Telephone (904) 287-0519 Fax (904) 287-1504

Office use only:

Item# _____

____ Silent ____ Live

Date _____

Item Donation Form

Donor _____ Phone _____
Address _____ City _____ St _____ Zip _____
Donor contact _____ Authorizing Signature _____
Solicited by _____ Phone _____
Donated Item _____ Value _____

Complete description of item (include all information for program description: interesting facts, model, unusual aspects, rarity, size and color, dates, etc.)

Limitations (number of persons, time of year, excluded dates, geographical limitations, insurance, etc.)

Please check:

_____ This contract is for a tangible item.
_____ Item accompanies this form.
_____ Item is available for pick up/delivery on _____.

_____ This contract is for a gift certificate:
_____ Certificate is attached
_____ Certificate will be mailed to San Juan Del Rio c/o Spring auction by _____.
_____ We do not have gift certificates, please provide one using the information above.

For security purposes our tax identification number will be withheld until goods are transferred.

Thank you for your support!
(Pink copy-Donor receipt. White and Yellow-Office copies)