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| **AUCTION REPRESENTATIVE** | | | | |
|  | TEAM: Procurements Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **ITEM DESCRIPTION** | | | | |
| ITEM NAME: | | | | |
| ITEM DESCRIPTION: | | | | |
| Expiration Date: \_\_/\_\_\_/\_\_\_\_  *(If not one year from Auction: March 5, 2016)* | | | Value: $ | |
| **Item Acquisition Specifics:** (check appropriate box) | | **Certificate:** (check appropriate box) | | |
| ❑ Item included with form | | ❑ Donor provided certificate | | |
| ❑ Item needs to be picked up on Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Cleveland to create certificate | | |
| ❑ Delivery of item by donor on Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Donor will mail by Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **DONOR INFORMATION** | | | | |
| Donor Name: | | | ❑ Business ❑ Individual | |
| Contact: | | | Phone: | |
| Email: | | | Fax: | |
| Address: | | | | |
| City: | | State: | | Zip: |
| Affiliation: ❑ Parent ❑ Past Parent ❑ Staff ❑ Student ❑ Alum (Year: \_\_\_\_\_\_) ❑ Other | | | | |
|  | | | | |
| Please mail or fax form to:  **Cleveland High School ~ PTA Auction 3400 SE 26th Ave ~ Portland OR 97202**  PH. 503.916.5120 / FAX 503.916.2692  Or contact: Jill Stevens ([jills71@comcast.net](mailto:jills71@comcast.net)) or JoAnne Cheechov (jocheechov@yahoo.com)  TAX ID #93-6039316 | | | | |
| Thank You for your Donation—This form is your Receipt  NO GOODS OR SERVICES WERE PROVIDED IN RETURN FOR THIS CONTRIBUTION | | | | |