

AUCTION REPRESENTATIVE									
NAME:			NEIGHBOROOD:			DA		E:	
TEAM BASKET (complete if appropriate)									
□ Boys	☐ Girls	SPORT:							
ITEM DESCRIPTION									
ITEM NAME:									
ITEM DESCRIPTION:									
SPECIAL INSTRUCTIONS:									
Expiration Date:/						Value: \$			
(If no date one year from Auction: March 11, 2018)  Item Acquisition Specifics: (check appropriate box)						wtificato. (sheel annuanista havi)			
☐ Item included with form					Certificate: (check appropriate box)  ☐ Donor provided certificate				
					☐ Cleveland to create certificate				
☐ Item needs to be picked up on Date:									
						Donor will mail by Date:			
DONOR INFORMATION									
Donor Name:						☐ Business ☐ Individual			
Contact:					Phone:				
Email:						Fax:			
Address:									
City: Portland					State: OR			Zip:	
	Affiliation:	☐ Parent ☐ Past Par	rent 🗖 Staff	☐ Studer	nt	☐ 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) or Kristin Genzer Cole (coleducks@comcast.net)									
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