



## PROCUREMENT FORM

501 (c) (3) Tax ID 91-1183562

Date:

Item No.

<b>DONOR NAME (Circle One)</b> INDIVIDUAL OR COMPANY	DONOR CONTACT PERSON (If Different from Donor Name)	
DAYTIME PHONE NUMBER	EVENING/ALTERNATE PHONE #'s	
DONOR ADDRESS	E-MAIL ADDRESS/website	
TITLE OF DONATION	ESTIMATED RETAIL VALUE \$	
DESCRIPTION OF DONATION: LIST ALL CONTENTS	COMMENTS/SPECIAL NOTES	
Person obtaining donation	Type/location of item (Office Use Only)	Gift Certificate Yes/No
		Need to Create one Y/N
Live/Silent Category	To be delivered by:	To be picked up from:
	Date:	Date:

\*White: School copy   \* Yellow: Auction Copy   \*Pink: Donor Cop