

Sunny Hollow Montessori 2009 Sunny Hollow Great Gala -- Silent Auction Donation Form



Donor Information

Name: _____
(Business or person who should be thanked for the donation.)

Address: _____

Please Print Contact Name: _____

Phone: _____ Email: _____

Donation Information

Item/Title: _____

Description of item/service for catalog entry: _____

Information for Auction Items

Estimated Value \$ _____

Please Check: _____ Gift certificate *or* _____ Physical item

AND

_____ The donation is attached *or*

_____ The donation will be delivered to SHM by _____ date.

Other restrictive information (e.g. dates available, class of travel, expiration dates): _____

Please return by October 15, 2009 to:

SHM Solicitor _____

Sunny Hollow Montessori
Great Gala - Silent Auction
636 South Mississippi River Blvd
St. Paul, Minnesota 55116
Phone (651) 690-2307
Fax (651) 690-0684

For office use only:

Item # and Category: _____

Donation rec'd: _____ Tagged for Inv. _____

Thank you for your donation!