



All Saints Catholic Academy  
 Attn: Tim Traynor  
 1155 Aurora Ave., Naperville, IL 60540  
 630-961-6125  
 630-961-3771 (Fax)  
 ttraynor@ascacademy.org

<b>FOR OFFICE USE ONLY:</b>
Inventory # _____
Entered By _____

**ALL SAINTS CATHOLIC ACADEMY  
 March 14, 2015 AUCTION ITEM DONATIONS**

Form must be received at the school by **January 30, 2015** to make print in the Auction Catalog.

Date \_\_\_\_\_

_____ Family Donation for Fundraising Credit: Family Name _____ _____ Corporate Donation
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**Donor Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Signature (Required):** \_\_\_\_\_

**Donation Information:**

Items or Services Donated and Description	Declared Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
<b>TOTAL AMOUNT OF DONATION:</b>	<b>\$ _____</b>

**Restrictions-dates, expiration, etc.** (All items expire one year from date of auction unless otherwise stated)  
 \_\_\_\_\_  
 \_\_\_\_\_

_____ Donation Enclosed _____ Donation Will bB Delivered	_____ Donation to Be Picked Up _____ Other _____
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