

# Donor Form - All Saints School Annual Auction – 2020

601 NE Cesar E Chavez Blvd.  
 Portland, OR 97232  
[www.allsaintsportland.com](http://www.allsaintsportland.com)

**Phone:** (503) 236-6205  
**Fax:** (503) 236-0781  
**Email:** office@allsaintsportland.com

**Tax ID Number:**  
**91-1808244**



<b>School Use Only</b>
Item #
Pkg #
___ Certificate Completed
___ Bid Sheet Completed

Donor name as it should appear in catalog:	Donor address including city, state & zip:
Contact name for arrangements:	Business Phone:
Estimated value of donation: (If multiple items please list each separately)	Home Phone:
	Email:
Description of donation: (Include limitations/restrictions, if any. Catalog description will be based upon this information.)	
Solicitor Name: Phone:  To fulfill the \$150 Family Obligation (select type if known) <input type="checkbox"/> Live <input type="checkbox"/> Silent <input type="checkbox"/> Signup Event <input type="checkbox"/> Other	<input type="checkbox"/> Tangible Item/Merchandise <input type="checkbox"/> Gift Certificate <input type="checkbox"/> Donor to provide certificate <input type="checkbox"/> School to create certificate <input type="checkbox"/> Cash Donation
Donation: <input type="checkbox"/> Enclosed/Attached <input type="checkbox"/> Will be mailed/delivered to the school by _____ (date) <input type="checkbox"/> Needs to be picked up by _____ (date)	
Signature of Donor:	
<b>Thank you for supporting All Saints School</b>	