



Cornelia Connelly School
Galaxy of Stars Benefit Dinner & Auction
Saturday, March 17, 2012

Date:
Ticket #:
Entered By:
Item Number:
Status:

Auction Item Donation Form

Your support of Cornelia Connelly School's Galaxy of Stars Benefit is greatly appreciated. Please complete the following information as you would like it printed in our acknowledgements. Submit the item along with this form to the Development Office no later than February 24, 2012.

DONOR Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent \_\_\_ Student \_\_\_ Alumna \_\_\_ Alumna Parent \_\_\_ Faculty \_\_\_ Staff \_\_\_ Friend \_\_\_.

Item Name (Brief description of item.)

Item Value

\_\_\_\_\_ \$ \_\_\_\_\_

Item Description (Please be as specific as possible. If possible, attach a photo of the item. For vacation packages, include location and detailed description of accommodations.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Item Restrictions (Dates available, expiration date, delivery limitations, age restrictions, etc.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is this item restricted to bidding by the Connelly community only? Yes \_\_\_\_\_ No \_\_\_\_\_

Complete this section only if you are submitting an item that you solicited from another donor.

SOLICITOR Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent \_\_\_ Student \_\_\_ Alumna \_\_\_ Alumna Parent \_\_\_ Faculty \_\_\_ Staff \_\_\_ Friend \_\_\_.