



Triad Pride Men's Chorus

PO Box 39566
Greensboro, NC 27438
336-589-6267

Item # _____

Auction Donation Record

Donor Information

Item/Service being donated: _____
Donated by/Contact Person: _____ Name for Salutation: _____
Mailing Address: _____

Item Information

Detailed Item Description (include restrictions): _____

Value set by donor: \$ _____ **Internal Revenue regulations state that the contributor must estimate the fair market value of his own contribution.**

Expiration date (if applicable): _____
____ Donor supplies certificate ____ TPMC supplies certificate
____ Donor will deliver When: _____ Where: _____
____ Committee will pick up When: _____ Where: _____

Item Display Information

Materials to be used for display: ____ Photos ____ Samples ____ Menu ____ Brochures ____ TPMC provides
Method for returning materials: ____ Materials will be reclaimed by donor ____ Committee will return to donor
Materials to be returned: ____ Photos ____ Samples ____ Menu ____ Brochures ____ None

Solicitor Information

Solicitor/Gift Gatherer: _____
Daytime Phone: _____ Evening Phone: _____ E-mail: _____

Office Use Only

Date received: _____ Where stored: _____
Item to be used for: _____

*On behalf of the Triad Pride Men's Chorus,
thank you for your participation in this endeavor.*