



**Triad Pride Men's Chorus**  
 200 N. Davie St. Box 20  
 Greensboro, NC 27401  
 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.*