

A NIGHT OF SPIRIT



Holy Spirit “A Night of Spirit” Procurement Form

Donor/Company (as it should appear in the catalog):

Name:

Address:

City/State/Zip:

Phone:

Email:

Website:

Please return the form no later than February 19, 2011. The Night of Spirit event is April 2, 2011.

Office Use Only:

Amount Rec'd: _____ Item # _____

Item Rec'd: _____ Pkg. # _____

Location: _____ ☐ Item Reconciled

☐ Display Provided

Donated Item(s) to Be offered for sale at the Auction

Please provide a detailed description to be used in the Catalog. Please include any special conditions, restrictions or blackout days if applicable; continue on back if needed. Please be as specific as possible.

Item Name: _____

Detailed Description of Item:

Identify Restrictions on Item:

Holy Spirit reserves the right to distribute all donated items as we see fit and to edit all descriptions and other verbiage as appropriate.

Item Value (FMV):

Exp. Date:

Please check any applicable boxes.

☐ Tangible Item

☐ Donor Provided Display

☐ Donor Provided Certificate

Solicitor Name:

Solicitor Phone #:

Holy Spirit Church and School + 515 Albert St. S. + Saint Paul + MN + 55116
auctions@holy-spirit.org + 651.698.3353

Thank you for your support of Holy Spirit, a non-profit 501(c)(3) organization. Please make a copy of this completed form for your files. All donors will receive a formal letter from recognizing your donation(s) for tax purposes following the Event.