



WSMS

West Side Montessori School

...where to begin

SOLICITOR: CHECK ALL THAT APPLY _____ IND. _____ CORP. _____ VENDOR _____ # _____

WEST SIDE MONTESSORI SCHOOL - 2011 AUCTION **To Benefit WSMS**

DONATION AGREEMENT

DONATED BY:

Individual/Business Name (as you wish it to appear in the Auction Catalogue):

Name of Contact Person and Title (Business only):

Donor Address:

(street) _____ (city, state, zip) _____

Donor Telephone:

(day) _____ (eve) _____ (email) _____

DESCRIPTION OF DONATION:

Item/Service Donated:

Specific Instructions/Restrictions (dates valid, expiration date, etc.):

Estimated Value: _____

Do you wish this to be an anonymous donation? Y _____ N _____

Gift Certificate Attached? Y _____ N _____

To be picked up? Location _____ Date _____ Phone _____

Donor Signature _____ Date _____

Solicitor Signature _____ Date _____

FOR AUCTION
USE

Live _____ Silent _____ Raffle _____ Catalogue# _____
Mdse Rec'd. _____
Stored at _____ Contact Phone _____