



# AUCTION PROCUREMENT FORM

Deadline: February 6, 2019

**Advocacy and Caring for Children**

100 23rd Ave S  
 Seattle, WA 98144  
 206.328.5973

[www.laborofloveauction.org](http://www.laborofloveauction.org)

**AUCTION COMMITTEE USE ONLY**

Procurement #: \_\_\_\_\_

Date Entered : \_\_\_\_\_

Initials: \_\_\_\_\_

**TITLE OF ITEM/SERVICE**

**FAIR MARKET/ESTIMATED VALUE**

\$

**CHECK ALL THAT APPLY:**

- ITEM** (Please attach this form to item) *\$25 minimum value please*
- GIFT CERTIFICATE** (Attached)
- CREATE GIFT CERTIFICATE** (Use information provided on this form)
- ITEM TO BE DELIVERED** (Date: \_\_\_\_\_)
- ITEM TO BE PICKED UP** (Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_)
- CASH CONTRIBUTION** (Please indicate contribution amount \$ \_\_\_\_\_)
- CORPORATE SPONSORSHIP\*** \$125 \$250 \$500 \$1000 \$2000 \$Other \*We will contact you

**DETAILED DESCRIPTION:** (Quantity, size, color, brand, model number or other information):

**RESTRICTIONS/EXPIRATION DATE:** (Limitations, special conditions):

**SOLICITOR:**

**CIRCLE:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DONOR INFORMATION** (as it should appear in online catalog):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**PLEASE KEEP A COPY FOR YOUR RECORDS | Questions? Please e-mail: [acc@ccsw.org](mailto:acc@ccsw.org)**

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