



DONATION FORM

Please return form to:
Guardian Angels Catholic School, Auction Acquisitions
521 E. 14 Mile Road, Clawson MI 48017

Donor / Company Name: _____

Contact Person: _____

Address: _____

City / State / Zip: _____

Phone: _____ Email: _____ Facebook: _____ Instagram: _____

Donation / Item Information

1. Estimated Fair Market Value: _____

2. Donation Description / Details: _____

3. Restrictions _____
(Limitations, black out dates, costs not covered, number of guests)

4. Special Delivery of Item: _____
(For vouchers, please include a letter or certificate to guarantee redemption of gift)

5. Item Included: Yes _____ No _____

Thank you for your support of Guardian Angels Catholic School!
Please submit donations no later than 4/1/22.

Office Use Only

Item #	Package #
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