



Auction Item Donation Form

Donor Name (as it should appear in the Program): _____

Contact Name (if other than donor): _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Item Value: _____ Date: _____

Item Description:

Donation Restrictions (Valid dates, expiration, etc.):

Donor Signature:

Date:

Thank you for your generosity and support!

Catholic Charities of Southeast Michigan Tax ID # 45-3623184

Questions? Please contact Sarah Hall (586) 416-2300 ext. 4032 halls@ccsem.org

15945 Canal Road Clinton Township, MI 48038

For Internal Use Only

Auction Item Number: _____