SPAYMART
A NONPROFIT ORGANIZATION

Auction Donation Form

DONOR:_____

CONTACT NAME (If different from donor name) _____

NAME: (to appear in promotional materials)_____

Phone contact number(s):_____

Email:_____

Web site:_____

Mailing Address:_____

City/State/Zip Code: _____

Item(s)/Service(s) Donated:

_____

_____

Description of Item(s)/Service(s):

_____

_____

Item Value/Donor Estimation:_____ (Starting bid will be roughly 30% of this amount.)

PLEASE DESCRIBE:

☐ personal donation ☐ business donation ☐ artwork/hand crafted item from artist

☐ artwork/hand crafted item from gallery ☐ artwork/hand crafted item from artist & gallery

Artist's name:_____

Volunteer Soliciting Item:_____

Pick-up/Delivery Arrangements:

❒ Item/Certificate is included.

❒ Please contact me make about delivering the item.

❒ Please have a volunteer pick up the item.
From where?_____

❒ Please call first ❒ Pick up during business hours:
_____

Donation form, which can also be downloaded from **www.spaymart.org/docs/donation-form.pdf** can be returned via:

Mail to: **P.O. Box 6493, Metairie, LA 70009-6493**

Fax to: **(601) 749-5084**

Email to: **spaymart@hughes.net**

For more info call: **(601) 749-0268** or **(504) 669-7600** **(email lavaluv@cox.net)** auction questions only)