

Catalog # _____

Solicitor _____

Auction Type _____

ST. AGNES SCHOOL ANNUAL BENEFIT AUCTION

St. Agnes School

5130 Mission Road * Roeland Park, KS 66205 * (913) 262-1686 * Fax (913) 384-1567

Item Name *(As listed in catalog, maximum 40 characters)*

Item Description *(This will be used in catalog for live auction items and on table displays for gift certificate items.)*

Fair Market Value \$ _____

Your contribution is tax-deductible.

St. Agnes Federal ID # 48-0774099

Thank you for your gift.

Item Information

Item

Gift Certificate _____

Expiration Date

Item/certificate is enclosed/attached

Item/certificate will be mailed by donor _____ Date to be mailed

Committee member will pick up item/gift certificate _____ Date to be picked up

Gift certificate to be created by St. Agnes

Donor of item _____

Name of business or individual as you would like it listed in the program

Contact Person _____ **Title** _____

Please indicate salutation. Thank you letter will be addressed to this person.

Street _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Cell** _____ **Fax** _____