

CLEVELAND HIGH SCHOOL

AUCTION DONATION FORM

Date _____

ITEM DESCRIPTION

Item Name:

Item Description: (as it should appear in the auction catalog, gift certificate or website. Include any restrictions)

Expiration date:

Value: \$

(If other than one year from auction date of ___/___/____)

Item

- Item included with form
- Item needs to be picked up Date _____
- Delivery of item by donor Date _____

Certificate

- Donor provide certificate
- Cleveland to create certificate
- Donor will mail by Date _____

DONOR INFORMATION

Donor Name:

Business

Individual

Donor Contact:

Phone:

E-Mail:

FAX:

Address:

City, State, Zip:

Affiliate: Parent Past Parent Staff Student Alum Yr. _____ Other

Please mail or FAX form to:
Cleveland High School
3400 SE 26th Ave ~ Portland Oregon 97202
(503) 916-5120
FAX (503) 916-2692
Tax ID# 93-6039316