

Office Use Only

Date _____

Catalogue# _____

Date thank you sent _____



**Singing City Lights
Spring Auction 2010
Donation Form**

Item or Service Donated _____

Brief Description _____

Complete Description: (Include instructions, location of seats, number of pieces,
or other relevant details)

Value \$ _____

Available dates if applicable: (vacation homes, trips, tickets, etc.) _____

Date by which service must be used: _____

Advertisement: Y N

Donor Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Name as you wish it to appear in catalogue: _____

Please note that all business names, addresses and telephone numbers will appear as a complimentary listing in the program unless you indicate otherwise.

_____ *Do not list business in program

Singing City contact person: Phone/Email: _____

Item has been picked up by: _____

Location of item: _____

Additional notes: _____

On behalf of Singing City, thank you for your generous contribution!