

CENTRAL CATHOLIC HIGH SCHOOL
CCHS *auktion*
ANNUAL DINNER AUCTION

<i>Office Use only</i>	
#	_____
<input type="checkbox"/> Oral	<input type="checkbox"/> Silent

DONATION FORM

Date: _____

Donor's Name _____

Business Name _____

Address/City/State/Zip _____

Phone _____

Fax _____

Email _____

Gift _____

Value _____

Description: _____

Instruction/Restriction: _____

Donor's Signature _____

Pick-up: Yes No

Deliver: Yes No

Received: Yes No

CCHS Solicitor _____

Phone _____



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White Copy - Gift

Yellow Copy - Catalog

Pink Copy - Donor's Copy

