



# Auction Donor Form

and Eugene Vocal Arts Ensemble  
1590 Willamette St., Ste 400  
Eugene, Oregon 97401  
541-687-6865  
541-687-5745 fax  
www.eugeneconcertchoir.org

**Dear Donor:**

This form provides essential information about each donation. Please fill out the entire form. Be sure to keep the receipt at the bottom of the page. Fasten the top section to the donated item. Your Choir Representative will work with you to arrange delivery of your donation.

**Dear Choir Representative:**

Please assist the Donor in filling out this form. Be sure to give the Donor the receipt at the bottom of the page. Return this form and the donated item to the designated Auction Committee member as soon as possible.

Donor/Business name \_\_\_\_\_  
*as it is to appear in auction program*

Contact Person \_\_\_\_\_ Daytime phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Donated Item \_\_\_\_\_

Description (please make as complete as possible) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Donor's estimated value of item \_\_\_\_\_

Choir Representative \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

**Delivery Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_



## *Thank you for your support.*

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Donor Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Donated Item \_\_\_\_\_

Donor's estimated value of item \_\_\_\_\_

Choir Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_