AUCTION DONATION FORM

FOR

RACINE CHRISTIAN SCHOOL

912 Virginia Street

Racine, WI 53405 262-634-0961

Please Print

Name of Donor/Firm:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item:

Description (size, color, dimensions etc):

Item Value (retail) $

Conditions, Limitations, Expiration Date, etc.

(e.g. service must be used within 1 year of auction date)

Item Pick Up Date & Time:

RCS Contact Person