

Chatard-a-Bration

Auction Donor Form



A fundraising event to benefit
the students of Bishop Chatard
High School



*The North Deanery High School of the
Archdiocese of Indianapolis*

Donor name: (Please print business or individual name as it should appear in the event program.)

Contact person: _____

Phone: _____ **Fax:** _____

Address: _____ **City, State** _____ **Zip** _____

E-mail address: _____

Donation description: _____

Value: \$ _____ (Value must be determined by donor)

Restrictions, Stipulations, and/or Expiration date: _____

Item to be: **Delivered by donor:** _____ **Picked up by committee member:** _____

Gift certificate attached? (circle) YES NO

DEADLINE FOR DONATION SUBMISSIONS -- FEBRUARY 1.

Thank you for your support of Bishop Chatard High School!

Donor's Signature: _____

Donor's Name Printed: _____

Donation Received by: _____ ***Date:*** _____

In accordance with "current substantiation requirements for donors," if the total value of any item or group of items exceeds \$5,000, the donor must obtain and provide a qualified appraisal. No goods or services were provided in exchange for this donation.

***5885 Crittenden Avenue Indianapolis, IN 46220 PH: 317-251-1451 ext. 2231
For more information, visit: www.BishopChatard.org***