

Event Date:	_____
Event Time:	_____
Event Venue:	_____
Event Address:	_____

AUCTION PROCUREMENT FORM

Please type or print to complete all information fields. Forms must be turned in by _____. Please complete a separate form for each item.

AUCTION ITEM PROCEDURE BY (BOARD MEMBER AND/OR VOLUNTEER)

Name: _____ Business Name: _____

Email: _____ Phone: _____

DONOR INFORMATION:

Donor Company Name: _____

Donor Contact Name: _____

Address: _____ City/State/Zip _____

Email: _____ Phone: _____

Donor Signature: _____ Website: _____

GIFT INFORMATION Type of item: Physical Item Gift Certificate Both

Gift Item Title _____ Estimated Value: _____

Gift Item Description

Gift item restrictions (Please specify all restrictions)

Expiration Date: _____

Seeds of Life Foundation –
OUR MISSION
Provide mental, emotional, practical and spiritual support to women that are victims of verbal, physical, sexual abuse or exploitation; resulting in healing, restoration and hope for tomorrow; while educating & supporting vulnerable youth to eradicate abuse as its core.

Seeds of Life Foundation is a 501(c)3 organization Fed Tax ID: #35-2522142 <http://seedsoflifefoundation.us/>

Seeds of Life

Foundation

Pick Up/Delivery Instructions

Check all that apply:

- I will deliver or mail by _____
- Certificate attached
- Please pick up on (date) _____
- Item will need certificate made (details provided above)

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