

# Auction Contribution Form 2017

Kids Who Care  
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*benefiting Kids Who Care*

Company: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web: \_\_\_\_\_

How do you want to be listed in the program?  Company Name  Contributor Name

Description of Contribution: \_\_\_\_\_

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

Value of Contribution \$ \_\_\_\_\_

Item will be mailed

Date of mailing: \_\_\_\_\_

Item needs to be picked up

Date of availability: \_\_\_\_\_

Contact \_\_\_\_\_

Location \_\_\_\_\_

### Gift Certificate Details

Expiration Date \_\_\_\_\_

No. of People \_\_\_\_\_

Date Available \_\_\_\_\_

Date NOT Available \_\_\_\_\_

Item will be delivered

Date of delivery: \_\_\_\_\_

**I would like to make a monetary contribution for event expenses in the amount of \$ \_\_\_\_\_**

**Contributor Name** \_\_\_\_\_

Signature of Contributor \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Auction Solicitor: \_\_\_\_\_ Date: \_\_\_\_\_

Auction Solicitor phone number \_\_\_\_\_

**Thank you for your support of Cookin' for Kids! Please retain a copy for your tax records. EIN #75-2541306**

*for committee use only*

Date Received \_\_\_\_\_ SA WP ALC Date entered \_\_\_\_\_

Received by \_\_\_\_\_ BB GCP ITM Entered by \_\_\_\_\_

Package \_\_\_\_\_ LA PW GC Item Number \_\_\_\_\_