

**AUCTION DONOR FORM FOR RAVINIA NURSERY SCHOOL
SPRING 2010 ANNUAL BENEFIT**

(To be completed by RNS Representative)

BUSINESS OR INDIVIDUAL MAKING THE DONATION: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF ITEM(S) DONATED: _____

EXPIRATION DATE IF DONATED ITEM IS A GIFT CERTIFICATE: _____

ESTIMATED VALUE OF THE DONATED ITEM: _____

SPECIAL INSTRUCTIONS: _____

SIGNATURE OF DONOR: _____

DATE OF COMMITMENT: _____

DATE ITEM IS TO BE PICKED UP FROM DONOR: _____

COMMITTEE MEMBER RESPONSIBLE: _____

RAVINIA FAMILY WHO ARRANGED THE DONATION (IF APPLICABLE): _____
