



# 2019 Knight Event Auction Donation Form

Disclaimer: The donation becomes the property of Archbishop Bergan Catholic School. The auction committee reserves the right to combine items into packages. There is no guarantee for live auction.

For office use only:
_____ Procurement Number
_____ Catalog Number

## Donor Information

Donor contact name: \_\_\_\_\_

Donor company name: \_\_\_\_\_

Donor address: \_\_\_\_\_

Donor phone: \_\_\_\_\_ Donor email \_\_\_\_\_

I prefer thank you & tax disclosure to be emailed to me

**Donor Name** (as it should appear in the catalog for recognition): \_\_\_\_\_

Please provide a clear and complete description of the items being donated. Please specify any restriction, expirations, dates or limitations that may apply. (This information will be used in the catalog and on the description sheet.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which committee member asked you for this item? _____ Date: _____ 20____	<u>Additional Notes:</u> _____ _____
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## Please indicate the following regarding this item:

### Declared Values:

\$ \_\_\_\_\_ **Fair Market Value**  
(What is the retail or market price of the item?)

- |  |  |
|--|--|
| <input type="checkbox"/> Actual item provided  | <input type="checkbox"/> Donor to provide Gift Certificate |
| <input type="checkbox"/> Donor to provide display  | <input type="checkbox"/> School to issue Gift Certificate  |
| <input type="checkbox"/> School will provide display   | <input type="checkbox"/> Anonymous donation                |
| <input type="checkbox"/> Item to be used as prize/s for games (wine pull, heads/tails, etc.) | <input type="checkbox"/> Underwriting                      |

### Want to donate, but don't have an item? You can still contribute by donating money.

\_\_\_ \$50    \_\_\_ \$100    \_\_\_ \$500    \_\_\_ \$1,000    \_\_\_ \$2,500    \_\_\_ \$5,000    \_\_\_ other

\_\_\_ Cash    \_\_\_ Check    \_\_\_ Send Statement  
\_\_\_ Credit Card: credit card payments can be made at <https://bergan.ticket.qtego.net/tickets/list>

Billing information, if different from above:

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_

**Questions?** Please contact: Archbishop Bergan Advancement Office  
545 E 4th St Fremont, NE 68025  
**Phone: 402-721-1846 Fax: 402-721-5366**  
**Email: [bonnie.nebuda@berganknights.org](mailto:bonnie.nebuda@berganknights.org)**

For Office Use only:
___ PDS #    Date: _____    Check # _____
___ Tax Disclosure    Date: _____
___ Thank you    Date: _____

\_\_\_ Please remove from donation list.