



**BOYS & GIRLS CLUBS
OF THE VALLEY**

AUCTION DONATION FORM

PLEASE RETURN ALL FORMS BY JANUARY 15, 2023

Company or Donor Name (exactly as you would like it to appear): _____

Contact Person/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

*By signing below, I/we are committing to the following donation to Boys & Girls Clubs of the Valley.

*Donor Signature: _____ Date: _____

Board Solicitor/Committee Member: _____

Item 1: _____

Donor Stated Value: _____

Description: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Please attach any artwork, photos, brochures, etc. applicable to the donation*

Restrictions: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Expiration date will be listed as 3/4/2024 unless otherwise specified*

Item/certificate enclosed Will be delivered by donor Please have someone from BGCAZ: Create gift certificate Pick up item

Item to be given to Board Solicitor – Date/Place: _____

TO DONATE ADDITIONAL ITEMS PLEASE SEE REVERSE SIDE

Return form to jennifer.ensley@bgcaz.org or mail to:

Boys & Girls Clubs of the Valley 4309 East Bellevue St., Bldg. 14 Phoenix, AZ 85008

THANK YOU FOR YOUR INVESTMENT IN THE YOUTH OF THE VALLEY!

Funds raised through the event go directly to programs and services that help change the lives of thousands of kids in need throughout the Valley.

Your donation may be tax deductible and BGCAZ's tax ID is 86-0550646.

Item 2: _____

Donor Stated Value: _____

Description: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Please attach any artwork, photos, brochures, etc. applicable to the donation*

Restrictions: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Expiration date will be listed as 3/4/2024 unless otherwise specified*

Item/certificate enclosed Will be delivered by donor Please have someone from BGCAZ: Create gift certificate Pick up item

Item to be given to Board Solicitor – Date/Place: _____

Item 3: _____

Donor Stated Value: _____

Description: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Please attach any artwork, photos, brochures, etc. applicable to the donation*

Restrictions: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Expiration date will be listed as 3/4/2024 unless otherwise specified*

Item/certificate enclosed Will be delivered by donor Please have someone from BGCAZ: Create gift certificate Pick up item

Item to be given to Board Solicitor – Date/Place: _____

Item 4: _____

Donor Stated Value: _____

Description: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Please attach any artwork, photos, brochures, etc. applicable to the donation*

Restrictions: *(please be specific, i.e. # of people, dates, insurance requirements, etc.) Expiration date will be listed as 3/4/2024 unless otherwise specified*

Item/certificate enclosed Will be delivered by donor Please have someone from BGCAZ: Create gift certificate Pick up item

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