

TEMPLE  
ISRAEL



TEMPLE ISRAEL OF THE CITY OF NEW YORK

**Early Childhood Learning Center**

112 East 75<sup>th</sup> Street

New York, NY 10021-3297

212-249-5000

212-861-7539 FAX

L060 Tax I.D. #13-1624205

## BENEFIT AUCTION DONOR FORM

### DONOR INFORMATION

Donor/Business Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DONATION DESCRIPTION

*Please be specific. Include size, color, expiration date and any restrictions.*

Retail Value: \$ \_\_\_\_\_

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

*Please check all that apply:*

GIFT CERTIFICATE	MERCHANDISE
<input type="checkbox"/> Enclosed	<input type="checkbox"/> Enclosed
<input type="checkbox"/> Use this form as certificate	<input type="checkbox"/> Donor to deliver
<input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Arrange pick-up
	<input type="checkbox"/> Other, please specify:

Solicitor Information	For Office Use Only
Solicitor's Name and Phone:  Child's Class:	Date Received _____ Data Input _____ Letter Sent _____

**Donor: Please keep yellow copy**