

Pilgrim Lutheran Christian School Auction

TAX ID #93-0504694

5650 SW Hall Blvd. Beaverton, OR 97005

503-644-8697 | fax: 503-644-8182

FOR OFFICE USE _____Date Entered_____ Initials_____

Item #_

Date:				
Donor Information:				
Individual or Company Rep:	Ti	tle:		
Company:				
Address: Street:				
City:		State:	Zip:	
Phone:	Email:			
Solicited By:				
Name:				
of person/family who obtained donation.				
Address: Street:				
City:		State:	Zip:	
Phone:	Email:			
Item Information:				
Item Title:		Valı	Value of Item:	
Detailed Description for catalog:				
*Please be clear in your description and include details of	donation item required for p	ublication.		
Stipulations: Limitations, expiration date, other specific	cations:			