



SUNDAY | 8.20.17

SILENT AUCTION DONATION FORM

BENEFITTING THE TORRANCE AREA CHAMBER OF COMMERCE FOUNDATION



** Starred items must be completed

** Description of Donation _____
(please be specific) _____

** Donor's Stated Value \$ _____ (Value must be filled in)
** Gift Certificate for Donated Item (check one): N/A: _____ Provided by Donor: _____ Please Create for Donor: _____
** Acknowledgement Listing (Please list name or company EXACTLY as it should appear in publicity)

Name _____ Company _____
** Acknowledgement Letter Mailing Address (Information for TACC Office Use Only)

Donor _____ Company _____
Address _____ City, State, Zip _____

Phone (_____) _____ Email _____

EVENTS/ACCOMMODATIONS/TRAVEL/SERVICES	Certificate Expiration Date: _____
<u>Contact for Arrangements</u>	
Name: _____	Company: _____
Address: _____	City/State/Zip: _____
Phone: (_____) _____ - _____	Email: _____ Fax: (_____) _____ - _____
Number of People: _____	Valid Dates: _____ Excluded Dates: _____
Restrictions/Special Instructions: _____	
For Lodging Donations: Number of Bedrooms: _____ Number of Bathrooms: _____	

**DONOR AUTHORIZED SIGNATURE _____ Date: _____

A portion of the proceeds from this event to benefit the
Torrance Area Chamber of Commerce Foundation's "Junior Leadership Torrance" program.
All donations of cash, goods or services are tax deductible: TAX ID #33-0718349

THANK YOU FOR YOUR SUPPORT!