



Sound Christian Academy Auction
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OFFICE USE ONLY

TRACKING NO.	CATALOG NO.
DATE REC'D	TAX I.D. NO. 910719487

AUCTION

1 Business _____
 Contact Name _____
 Address _____
 City State Zip _____
 Phone _____

2 **VALUE OF DONATION** **DONATION** *Please describe in detail, giving as much information as possible.*

\$ _____

No goods or services were provided by this organization in return for the contribution.

3 **DONOR PROVIDE**

Delivery (date) _____
 Gift Certificate
 Promotional Material
 Other _____

AUCTION COMMITTEE PROVIDE

Pick-up (date) _____
 Gift Certificate Expiration Date _____
 Other _____

PLEASE CHECK ALL THAT APPLY:

TBS Employee
 TBS Alumni
 TBS Grandparent
 TBS Friend
 TBS Parent: Grades _____

4 SIGNATURE OF DONOR _____ DATE _____ PROCURER'S NAME _____ PHONE _____