

**For office use only**

Item Category: \_\_\_\_\_

Item Number: \_\_\_\_\_

Cert. Incl.: \_\_\_\_\_

Cert. TBM: \_\_\_\_\_

Cert. TBD: \_\_\_\_\_

Log-in date: \_\_\_\_\_

Log-in initials: \_\_\_\_\_

**D E N V E R S C H O O L *of the* A R T S**

**F R I E N D S F O U N D A T I O N**

**7<sup>th</sup> ANNUAL FALL GALA DONATION FORM**

*Fall Gala is on Saturday, September 9, 2017!*

Name of person submitting auction donation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Donor Information—please print clearly**

Donor name (as it should be listed) \_\_\_\_\_

Business name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone/Email \_\_\_\_\_ / \_\_\_\_\_

**Donation Information**

Item Name \_\_\_\_\_ Value \$ \_\_\_\_\_

Detailed Description \_\_\_\_\_

Restrictions \_\_\_\_\_

Donation is (**circle**): Physical Item or Certificate: **Included** or **To be delivered** or **To be made**

Donation Received (**please circle**) Yes/No To be delivered to DSA on \_\_\_\_\_

*Donation becomes property of DSAFF to be offered for sale at the Gala auction.*

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please turn in your donation to DSA by Friday, Aug. 25th! Thank you!***

DSA Friends Foundation 7111 Montview Blvd. Denver, CO 80220 720.424.1789

dsafriends.org

dsafriendsfoundation@gmail.com

Tax I.D. #: 74-2550358