Donation Form | **Deadline Friday, March 13th 2020**
A Night in Hollywood | A Community Celebration To Benefit Garfield High School

Saturday, March 28th

Corinne Crabs & Jennilee Bennett, co-chairs
http://garfieldptsa.org/community-celebration-2020-march-28th
Email us at: jennilee.bennett@gmail.com

Please drop off or mail to Garfield PTSA Community Celebration, 400 23rd Ave. Seattle WA 98122. Make checks payable to Garfield PTSA.

Your donation is tax deductible under 501(c)(3) FED ID# 91-1227009
This form serves as your tax receipt. Please keep a copy for your records.

<table>
<thead>
<tr>
<th>Item Name:</th>
<th>FOR GHS USE:</th>
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<td>Item #</td>
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<td>Pkg#</td>
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**Auction item best fits the following category:**
( ) General (goods, merchandise, jewelry, other)
Tickets (sports, entertainment, etc)
( ) Getaways – home, hotel, air vouchers
( ) Organized party, dinner, or event
( ) Gift Certificates (restaurants – dining, coffee etc
( ) Professional services

**Fair market value of item (REQUIRED)**
$

**If tangible item, please check one of the following:**
( ) Delivered with this form
( ) Will deliver to GHS on ____________
( ) Will arrange delivery with an auction representative
Contact info for delivery:
Name: ____________________________
Phone: ______
Email: ____________________________

If Gift Certificate, check 1 (one) of the following:
( ) Certificate attached to form
( ) Garfield to create certificate
**EXPIRATION DATE:** 1 yr from date of event if unspecified

**Donor to provide promotional materials for item?**
( ) YES  ( ) NO

**Item Description:**

***Please be specific about dates/quantities/locations, # of guests, amneties, etc. Details of the donation will appear in the auction catalog. Please send photos to jennilee.bennett@gmail.com

Getaway info: # of bedrooms _______ Sleeps # _______ Special amenities?

**Restriction and usage details: (Include blackout and expiration dates.)**
Expiration Date: ________
Contact person to redeem: ________
Blackout dates if any: ________
Phone Number/Email: ________

**Donor Name:**
Name: ____________________________
Address: ____________________________
Phone Number: ____________________________
Email: ____________________________
Donor affiliated with GHS? Student names and grad years

**Name of Solicitor or Procure (if diff. from donor):**
Name: ____________________________
Address: ____________________________
Phone Number: ____________________________
GHS Family or Staff? (Student names and grad years)