

DOT
Disciples of Holy Trinity

IN-KIND OR AUCTION DONATIONS

Mdse Code: _____

Item _____ Item No. _____ Retail Value \$ _____

Name of Donor _____

Address _____

City _____ State _____ ZIP _____ Phone _____

Color _____ Size or Dimensions _____

Material _____

Further Description _____

Purchased By _____ Sold For \$ _____

Name of Go-Getter (Print) _____

Signature of Donor _____ Donor Phone _____

Send Thank You Card to:

Name _____

Address _____ City/State/Zip _____

**THANK YOU FOR THIS ITEM TO BENEFIT OUR CHARITABLE
ENDEAVORS.**

THIS FORM MAY SERVE AS YOUR RECORD FOR TAX PURPOSES.