

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.