

For Office Use Only

**CATEGORY:**

**ITEM#**

**DATE: INITIALS:**

**1527 Fremont Avenue, South Pasadena, CA 91030**

**Tel: (626) 799-8908 Fax: (626) 799-0423 Tax ID# 95-1809567**

***www.holyfamily.org***

**AUCTION – PROCUREMENT FORM**

|  |
| --- |
| **Donor Name:** |
| **Name and/or company name as you would like it to appear** |

|  |  |
| --- | --- |
| **Contact:** | **Phone:** |

|  |
| --- |
| **Address:** |

|  |
| --- |
| **Email:** |

**PROCUREMENT ITEM** (**Please provide a very detailed description of the item and any special information)**

|  |  |
| --- | --- |
| Item: | Value: |
| **Description:** | |

|  |
| --- |
| **Restrictions:** (Date, expiration, ticket specifics (row seats) etc.)  **Comments:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Status:** | **Turned-In:** | **To Be Delivered:** | **To Be Picked-Up:** |