

For Office Use Only

**CATEGORY:**

**RECEIVED BY:**

**DATE:**

**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**

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| --- |
| **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)**

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

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

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

**Donation: Credit Card:** VISA MASTERCARD Amex

|  |  |
| --- | --- |
| **Name on Card:** | |
| **Card #** | Exp: |

**Donate Online:**

**Donation Check: Payable to: Holy Family Church**

|  |  |
| --- | --- |
| **Donor Signature:** | **Date:** |
| **Procurer Signature:** | **Date:** |