



MAGNUSON
CHRISTIAN SCHOOL

Solicited by: _____

Internal Use Only Section: _____ Item # _____

Magnuson School 2010 Auction Donation Form

Company Name/Donor Name _____
(Written as you would like to have it listed in the auction catalog)

Contact Person _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

E-mail _____

Donation Description: _____

Estimated Value: _____

Expirations/Restrictions: _____

_____ I give permission for this item to be grouped with others for a gift basket

_____ A gift certificate is included and returned with this form

_____ A certificate is needed for this item

_____ I would like to have the item picked up

I, the undersigned donor, hereby acknowledge and agree to provide the above described goods or services to Magnuson Christian School Fed. ID # 32-0111769; MN State Registration # 7187840

Signature _____

Date: _____

We would like to receive donations by February 19th 2010
for inclusion in our auction preview materials.

If you have questions, please call
Katie Van Oort-Bissell 651-231-7769 or Joni Johnson 651-653-7882

Please return this form with the item being donated to:
Magnuson Christian School
Attn: Silent Auction Committee
4000 Linden Street, White Bear Lake, MN 55110

THANK YOU!