



WE ARE PLEASED TO SUPPORT THE CHICKERING ELEMENTARY SCHOOL SPRING AUCTION

Donor Name:

(Please print business or individual name as it should appear in program)

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Website _____

Signature of Donor _____

Item is: ___ Merchandise ___ Gift certificate Other _____

ITEM: _____

Detailed Description for Program (size, color, quantity, brand name, model number etc.)

Retail Price (best estimate of what someone would pay for the item) \$ _____

Your Cost (only if not business inventory) \$ _____

Specific Restrictions, Instructions, and/or Expiration Date (if applicable)

Delivery Arrangements (Please check one)

___ Item is enclosed or attached

___ Donor will deliver or send item to contact person before February 25th

___ Other _____

PLEASE MAIL or EMAIL THIS FORM TO:

Annemarie Thompson, PTO Fundraising

Eight Oakley Drive

Dover, Massachusetts 02030

Phone: 508-785-3378

am7thompson@msn.com

