

City Mission Gala

An annual fund raising event to benefit City Mission.

Acquisition Contract

\$50 Minimum value, please

PLEASE FILL OUT FORM COMPLETELY

DATE _____

PERSON SOLICITING DONATION

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

EMAIL _____

DONOR INFORMATION (PERSON OR BUSINESS DONATING ITEM)

DONOR (List all individual or corporate donors **exactly** as they should appear in print.) _____

IF THIS IS A BUSINESS DONATION, WHO IS THE CONTACT PERSON RESPONSIBLE FOR THE DONATION? _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

FAX _____

EMAIL _____

PLEASE FILL OUT THE INFORMATION BELOW COMPLETELY

ESTIMATED FAIR MARKET VALUE (Gifts to the auction are tax-deductible to the extent provided by law.) \$ _____
(completed by donor)

IMPORTANT DETAILS/"SELLING" POINTS (Please be specific) _____

On The Night Of The Gala:

THE WINNER OF THIS ITEM WILL TAKE IT WITH THEM AFTER THE AUCTION IS COMPLETE.

THE WINNER OF THIS ITEM WILL TAKE A CERTIFICATE REPRESENTING THE ITEM WHEN THE AUCTION IS COMPLETE. IF SO, SKIP THE FOLLOWING INSTRUCTIONS AND REFER TO THE VOUCHER/CERTIFICATE FORM.

HAS THE ITEM BEEN DELIVERED WITH THIS CONTRACT (THIS INCLUDES GIFT CERTIFICATES)? YES NO

IF NOT, PLEASE DETAIL THE DELIVERY OF ITEM _____

THANK YOU FOR YOUR GENEROUS SUPPORT!

DONOR--Please retain a copy of this form for your tax purposes.

FOR OFFICE USE:

ITEM NO: _____



WEB www.City-Mission.org
PHONE 313.541.3531 • FAX 313.541.0242
20405 Schoolcraft • PO Box 231135 • Detroit, MI 48223

City Mission Auction Voucher/Certificate Form

If not provided by donor, a gift certificate will be provided by City Mission.

DONATION IS FOR:

VACATION PACKAGE

NAME OF ACCOMODATION (CONDO, HOTEL, ATTRACTION, ETC.)

CLOSEST MAJOR CITY

HOW MANY GUESTS CAN BE ACCOMODATED?

NEARBY ATTRACTIONS

CLOSEST AIRPORT

DATES OFFERED

DATES RESTRICTED AND/OR EXPIRATION DATE OF OFFER

PLEASE DESCRIBE ANY ADDITIONAL COSTS INVOLVED IN USE (CLEANING FEES, ETC.)

IF OTHER THAN DONOR, WHO IS THE PERSON OR COMPANY TO CONTACT ABOUT FINALIZING THE USE OF PACKAGE?

GOLF

NAME OF GOLF COURSE

PRIVATE COURSE PUBLIC COURSE

LOCATION OF COURSE

PLEASE DESCRIBE ANY ADDITIONAL EXPENSES INVOLVED IN USE

DATES OFFERED

DATES RESTRICTED AND/OR EXPIRATION DATE OF OFFER

SERVICE

DESCRIBE SERVICE

IS DONOR WILLING TO PROVIDE REFERENCES IF REQUESTED? YES NO

IS THE DONOR LISCENSED/CERTIFIED IN THE SERVICE? YES NO NOT APPLICABLE

DATE RESTRICTIONS OR EXPIRATION DATE OF OFFER

PLEASE DESCRIBE ANY ADDITIONAL EXPENSES INVOLVED IN USE

OTHER—PLEASE DESCRIBE:

IS DONOR WILLING TO PROVIDE REFERENCES IF REQUESTED? YES NO

DATE RESTRICTIONS OR EXPIRATION DATE OF OFFER

PLEASE DESCRIBE ANY ADDITIONAL EXPENSES INVOLVED IN USE

HOW WILL THE ITEM GET TO OWNER (IF APPLICABLE)?