Auction Donation Agreement Form
Fax: (888)852-6481 | www.girlstart.org | Girlstart is a 501c3 nonprofit organization.

BUSINESS NAME
ADDRESS
CONTACT PERSON
EMAIL

PHONE
CITY
STATE
ZIP
TITLE

DESCRIPTION OF DONATION: (please give a detailed description of the item you are donating)

Value $ Can item be exchanged? [ ] Yes [ ] No

If a gift certificate, will the certificate be provided by: [ ] Donor [ ] Girlstart Staff
(please be specific on language to be used)

RESTRICTION(S) (if applicable)

As the authorized representative of the above-named business I,__________________________,
(Please Print Name)
hereby agree to donate the above-described item(s) to Girlstart’s Fall into STEM events.

Authorized Representative’s Signature ________________________________

Committee Member/Solicitor ________________________________

Item will be:
[ ] mailed to Girlstart
[ ] delivered by donor to Girlstart
[ ] Girlstart Staff needs to arrange for pickup

Comments: ____________________________________________________________