



Auction Donation Agreement Form

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

BUSINESS NAME _____ **PHONE** _____
(Print name as it should appear in the Program)

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

CONTACT PERSON _____ **TITLE** _____

EMAIL _____

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) _____

Thank you for supporting Girlstart's Fall into STEM events. Your contribution supports Girlstart's After School Program. For additional information, please check our website at www.girlstart.org or email chelsey@girlstart.org.

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: _____
