

ELDERAMA CHARITY AUCTION GIFT FORM

For the benefit of
ELDER HIGH SCHOOL

FOR OFFICE USE ONLY

GIFT NUMBER _____

CATALOG NUMBER _____

DATE ACKNOWLEDGED _____

GIFT RECEIPT DATE _____

GIFT HAS BEEN PLACED IN ELDERAMA ROOM BY
_____ DATE _____

Gift Item _____

Donor: Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Person Contacted _____

How Donor's Name should appear in Catalog: _____

Detailed description of gift for catalog:

Specific Instructions or Restrictions:

Donor stated value of gift: \$ _____

NO PICKUP NECESSARY. Please bring this sheet when delivering.

PICKUP NECESSARY. Please give place and date for gift pickup.

DATE _____ Address _____

Gift Certificate Attached.

Make Gift Certificate

BECAUSE OF CATALOG PRINTING DEADLINE, DETAILED INFORMATION ABOUT GIFTS
SHOULD REACH THE **ELDERAMA** OFFICE BY AUGUST 15

Return this form to:

ELDERAMA OFFICE/ELDER HIGH SCHOOL
3900 Vincent Ave. • Cincinnati, Ohio 45205-1699
(513) 921-3744

ELDERAMA Solicitor _____
Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Cash contributions are fully tax deductible. Consult your tax advisor for the deductible value of non-cash gift contributions. All donors will receive a written acknowledgement from ELDER HIGH SCHOOL.