

LIVE AND SILENT AUCTION FORM

Contact Information:

Name: _____ Phone: _____

Address : _____

City: _____ State: _____ Zip: _____

Email: _____

Item(s) to be Donated: _____

Fair Value (estimated): _____

Type of Gift: ☐ Event Tickets ☐ Weekend Getaways ☐ Gift Certificates ☐ Cash Donation ☐ New Item ☐ Antiques ☐ Services

Detailed Description of Gift: *Please include size, color, model number, etc.* _____

☐ Gift accompanies this form ☐ I will arrange to have the gift delivered

☐ I need my donation picked up from _____

☐ Cash Gift in the amount of \$ _____ (Checks payable to: Gifts For All God's Children)

For your contribution to be printed in the program, return this form by June 27, 2025 to

Gifts For All God's Children, P.O. Box 71017, Rochester Hills, MI 48307 or pjacques@giftsforallgodschildren.org

I would like my name to appear in the program as: _____

For more information, contact Patti Jacques at 586-991-1547 or pjacques@giftsforallgodschildren.org

Gifts For All God's Children is tax-exempt under Section 501(c)(3) of the IRS. Tax ID #: 38-3495720