



P.O. Box 2632  
 Palos Verdes Pen., CA 90274  
 Ship to : 300 Paseo del Mar, Palos Verdes Est., CA 90274  
 310/378-2278  
 310/378-2078 FAX  
 help@pvpef.org/www.pvpef.org

**For office use only**

Form Rec'd date: \_\_\_\_\_  
 Item Rec'd date: \_\_\_\_\_  
 Computer ID# \_\_\_\_\_  
 Silent Section \_\_\_\_\_  
 On-line Section \_\_\_\_\_  
 Live Section \_\_\_\_\_

- Donor Gift Certificate Rec'd
- Gift Cert. Provided by Office
- Item Received

**The Main Event Live/Silent Auction Donor Form**

- Complete entire form and please be specific with descriptions
- Clothing not accepted; certificates for clothing welcome
- Artwork not accepted.
- **To be acknowledged in the catalog, deadline is March 14, 2008**
- **To be acknowledged in the catalog addendum, deadline is April 7, 2008**

**1. DONOR: INDIVIDUAL(S) OR COMPANY'S NAME (AS IT SHOULD APPEAR IN THE CATALOG or ONLINE)**

\_\_\_\_\_

**2. DESCRIPTION OF AUCTION ITEM (Be Specific & Descriptive)      **Value \$ \_\_\_\_\_ (Value must be filled in for tax purposes)****

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Please do not put my item in the online auction \_\_\_\_\_

**3. GIFT CERTIFICATE FOR DONATED ITEM WILL BE (check one) \_\_\_\_\_ Provided by Donor \_\_\_\_\_ Made by PEF Office \_\_\_\_\_ Not Applicable**

**4. FOR EVENTS/ACCOMODATIONS/TRAVEL/OTHER #of People \_\_\_\_\_ Valid Dates \_\_\_\_\_ Dates Excluded \_\_\_\_\_**

RESTRICTIONS/SPECIAL INSTRUCTIONS: \_\_\_\_\_

LODGING DETAILS #of Bedrooms \_\_\_\_\_ #of Bathrooms \_\_\_\_\_ Stairs \_\_\_\_\_ Other \_\_\_\_\_

CONTACT ARRANGEMENTS: NAME \_\_\_\_\_ COMPANY \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone/day ( ) \_\_\_\_\_ Evening( ) \_\_\_\_\_ FAX( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Donor Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. MONETARY DONATIONS**

Enclosed is my check for \$ \_\_\_\_\_ payable to PEF **Or** Please charge \$ \_\_\_\_\_ to my credit card.

Card # \_\_\_\_\_ VISA/MC/AMEX Exp Date: \_\_\_\_\_

Donor Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**6. SEND THANK YOU TO (Necessary information for tax purposes. Value of item must be completed in item #2)**

Name \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ e-mail \_\_\_\_\_ FAX ( ) \_\_\_\_\_

PEF CONTACT: \_\_\_\_\_ Phone: \_\_\_\_\_