

CROSSROAD CHURCH, UMC

10005 Gate Parkway N, Jacksonville, FL 32246
Telephone (904) 448-1288 Fax (904) 448-9995

Office Use Only:

Item #: _____

Category: _____

Logged By: _____

Item Donation Form

Donor _____ Phone _____

Donor Address _____ City _____ State _____ Zip _____

Donor Contact _____

Donor Email Address: _____

Solicited by _____ Phone _____

Donated Item _____ Value _____

To ensure the highest quality for Silent Auction donations, please NO PREVIOUSLY OWNED/USED ITEMS

Complete description of donated item (include all information for program description and publicity: interesting facts, model, unusual aspects, rarity, size and color, dates, etc.) Attach any artwork, brochures, or company's business card.

Item Limitations (Number of persons, time of year, excluded dates, geographical limitations, insurance, etc.)

Please check:

_____ This contract is for a tangible item

_____ Item accompanies this form

_____ This contract is for a gift certificate

_____ Item is available for pick up/delivery on _____

_____ Certificate is attached

_____ Certificate will be mailed to CrossRoad Church by (date) _____

_____ We do not have gift certificates, please provide one using the information given above.

EIN: 59-3413107

Certificate of Exemption #: 26-08-147493-55C

Thank You for Your Support!