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 Tax ID # 93-0515760

**AUCTION
 DONATION
 FORM**

Item Description for Catalog:
 Description or details of item/service (Please list any restrictions or limitations.)

Donor's Authorized Signature: _____ Date: _____

Donor Stated Value: _____

Please check one:

item or certificate attached CCS to provide certificate

pick up/date available _____

will deliver to: _____

Please accept my donation of: _____

Donated By: _____

Contact Name if different from donor: _____

Address: _____

Phone #: _____ Fax #: _____ Email: _____

Please send invitation to: _____

Acquired By: _____ Phone: _____

**THANK YOU for supporting our children.
 Please make a copy and retain for your records.**

<i>This Area For Auction Use Only</i>	
Item #:	Catalog #:
Need Item:	Complete: