



# DONOR FORM

TRINITY CATHOLIC SCHOOL

1400 E 17<sup>th</sup> AVENUE; HUTCHINSON, KS 67501

www.trinity-hutch.com

DONOR NAME: \_\_\_\_\_  
(please print as you'd like it to appear in the auction book/on website)

Contact Name\*: \_\_\_\_\_ Title: \_\_\_\_\_  
(\*please include if donating as a business)

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Please check ALL that apply.

- ☐ I/we would like to donate an ITEM for auction/raffle
- ☐ I/we would like to donate a GIFT CERTIFICATE for auction/raffle  
(gift certificates should be valid for one year from auction date)
- ☐ I/we would like to make a CASH DONATION
- ☐ I/we would like to attend your event, please send INVITATION  
Corporate Table of 10 Corporate Table of 8 Individual Ticket
- ☐ I/we would like to become an AUCTION ADVERTISER \$350

Please give a detailed DESCRIPTION of the donated item(s). \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

DELIVERY INFORMATION. Please return form/donation by APRIL 1, 2023

- ☐ Donation ENCLOSED
- ☐ I WILL DELIVER the donation to Trinity
- ☐ I would like TRINITY TO PICK UP my donation

Office Use Only: ITEM GC CASH CENT AD RCPT SILENT or LIVE CMPTR

