



Auction Item Form

Valdosta State University

Valdosta State University Foundation, Inc.

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Event Information

EVENT NAME _____

LOCATION _____

DATE _____ / _____ / _____

Name of Donor(s) and/or Company for publication listing:

DONOR NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

(_____) _____ - _____ (_____) _____ - _____
PHONE FAX

E-MAIL _____

I _____ would _____ would not like my name listed in publications.

Item(s) to be donated

Complete description for program listing: Include size, color, brand, any details that will be needed for the written description. (Please use back of form, or attach separate sheet if needed.)

Description	Fair Market Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Time/Exchange or Restrictions (if any)* _____

*Any item valued at \$5,000 or more must be accompanied by a qualified appraisal. **VSU Foundation Tax ID# 58-1582136**

Delivery: VSU Foundation Staff members will pick up item(s): _____
NAME

If donor prefers to deliver item, please write delivery instructions: _____

STAFF MEMBER _____

(_____) _____ - _____
PHONE

DONOR NAME _____

DONOR SIGNATURE _____

DATE _____ / _____ / _____