



Christ
Classical
Academy

AUCTION DONATION FORM

Date: _____

Donor (Company or Individual name):

Contact persons name: _____

Street address: _____

City: _____ State _____ Zip code: _____

Phone # _____ email address: _____

Item Description: _____

Restrictions, if applicable: _____

Expiration date, if applicable: _____

Market value of the donation: _____

Required minimum bid: _____

Did the donation come with a certificate? If so, please attach to form. _____

Acquired by: _____

** Please return completed form to the CCA office and place in the auction box. Please fill in all information prior to turning it in. Thank you!

Auction Committee: copy of this form given to ___ Valerie Peacock