



**Trinity Church on the New Haven Green
Silent Auction, 2009 Donation Form
November 19th – 22nd**

*Please fill out completely to ensure your solicitation/donation is listed properly.
Deadline October 31, 2009*

**Drop off donation form in the donation box on the Croswell or contact a data entry person:
Rose Pawlikowski at Rapawilik98@hotmail.com, Gloria Hoda at gloria.hoda@yale.edu,
or Mary Ann Stroup at HBazaar@optonline.net**

1. Category of donated item (please select only one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Art & Collectibles | <input type="checkbox"/> Sports | <input type="checkbox"/> Restaurant Dining |
| <input type="checkbox"/> Christmas Item | <input type="checkbox"/> Health & Beauty | <input type="checkbox"/> Services |
| <input type="checkbox"/> Clothing & Jewelry | <input type="checkbox"/> House & Garden | <input type="checkbox"/> Tickets |
| <input type="checkbox"/> Food & Beverage (not restaurant) | <input type="checkbox"/> Kids & Young at Heart | <input type="checkbox"/> Travel & Weekends |

2. Item Name: _____
(Be descriptive and specific. This is the title for the catalog and poster Board)

3. Type of Item (please select only one):

- Donation is an item or object (ie. painting, doll, jewelry)
- Gift Certificate with certificate to be provided by the donor or business
- Service to be provided, requiring gift certificate to be made by Trinity
- Combination of: Item Service Gift Certificate

4. Dollar Value: \$ _____

5. Donor is an / a: Individual Business

6. Name of Donor: _____
(As you wish it to appear in the catalog and on the poster Board)

If Individual, Contact number in case of questions _____

If Business, Contact Name _____

Street Address _____ City _____ Zip _____

Phone _____ Email _____

****If more than one donor, please add contact and address information on back of form.***

7. Solicitor Name: _____
(Please complete if contacted by a specific member of Trinity.)

8. Item description (Be descriptive – This information is used in the catalog and for the bid description): _____

9. Your Name: _____

Thank you for being part of the legacy to restore Trinity's Historic Stained Glass Windows