



LUTHERAN NORTH ACADEMY

AUCTION DONATION INFORMATION

DONOR'S NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ CELL _____

EMAIL _____

DETAILED DESCRIPTION OF ITEM OR SERVICE: DATE _____

RETAIL VALUE: _____

RESTRICTIONS (IF ANY) _____

GIFT CERTIFICATE () YES () NO

DELIVERY/PICK UP INFORMATION _____

SOLICITOR'S NAME & CELL PHONE # _____

*Gifts to Lutheran North Academy are tax deductible as allowed by law.
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