



DONATION FORM

DONOR INFORMATION:

SELECT ONE: ☐ INDIVIDUAL ☐ BUSINESS ☐ TSS CLASS ITEM - GRADE ____

NAME: (FOR MEDIA REPRESENTATION) _____

CONTACT PERSON: _____

ADDRESS: _____

EMAIL: _____ PHONE #: _____

GIFT INFORMATION: I/WE AGREE TO DONATE TO THE SALISBURY SCHOOL GALA THE FOLLOWING ITEM(S) OR SERVICE:

DESCRIPTION: PLEASE INCLUDE ANY LIMITATIONS, BLACKOUT DATES, RESTRICTIONS OR MINIMUM BIDS, IF NECESSARY.

ESTIMATED RETAIL VALUE: \$ _____

VALUATIONS EXPRESSED ARE FOR AUCTION PURPOSES AND NOT INTENDED TO IMPLY A VALUE BY THE SALISBURY SCHOOL FOR NON-CASH DONATIONS. PLEASE CONSULT WITH YOUR TAX ADVISOR FOR GUIDANCE IN DETERMINING THE VALUE OF DONATED PROPERTY.

DELIVERY INFO: SELECT ONE

☐ ACCOMPANIES FORM ☐ WILL DELIVER ☐ PLEASE PICK UP

SOLICITOR INFORMATION:

NAME: _____

EMAIL: _____

DONOR SIGNATURE: _____ DATE: _____



RETAIN A COPY FOR YOUR RECORDS AND RETURN FORM TO THE EVENT OFFICE:
 THE SALISBURY SCHOOL
 6279 HOBBS ROAD
 SALISBURY, MD 21804
 EMAIL: chconkline@thesalisburyschool.org
 410-742-4464 ext. 145