



**NORTHLAND**  
*Christian School*

ITEM NO. \_\_\_\_\_

# Black & Gold Gala Auction

PLEASE PRINT ALL INFORMATION:

Tax I.D. #74-1811014

Donor \_\_\_\_\_ Phone \_\_\_\_\_  
(Full Name as it is to be printed in Auction Program)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Authorized by **X** \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

(Print Name \_\_\_\_\_ Print Name for "Thank You" if Different \_\_\_\_\_)

Date \_\_\_\_\_ Solicited by \_\_\_\_\_ Phone \_\_\_\_\_

## AUCTION DONATION

**Complete description:** (Include any restrictions. Please be specific with dates and number of persons.  
For vacation home, if possible, please include photo.)

\_\_\_\_\_

\_\_\_\_\_ Est. Market Value \$ \_\_\_\_\_

Buyer Instructions: Call for appointment: \_\_\_ yes \_\_\_ no; Contact: \_\_\_\_\_  
Person Phone

Expiration Date: \_\_\_\_\_ Expiration is one year from date of Auction unless otherwise noted here.

**CHECK ONE:**

**LETTER**  
Provided by Donor

**CERTIFICATE or TICKETS**  
Provided by Donor

**DONATION FORM**  
is the Certificate

**DONATION**  
has been received

**DONATION** is to be picked up

Pick-up or delivery instructions: \_\_\_\_\_  
Date, Place, Time, Contact Person for Pick-up or Delivery, Etc.

1. Donor is to keep the pink copy.
2. Deadline for inclusion in Auction Program is: \_\_\_\_\_
3. Mail or deliver other copies to: **Northland Christian School**  
4363 Sylvanfield Drive  
Houston, TX 77014  
Phone: 281-440-1060  
Fax: 281-440-7572