

## **AUCTION COMMITMENT FORM**

DONOR INFORMATION:		
Company:		
Contact Name:		
(as you wish to appear in l	marketing materials)	
Address:	City:	Zip:
Email:	Phone:	
ITEM(S): Description of item(s); color, size	, artists, etc., as you wish to appear in program. U	se back for extra room.
** IF YOUR ITEM REQUIR	RES A GIFT CERTIFICATE, PLEAE INCLUDE IT	WITH THIS FORM **
RETAIL VALUE: \$	(minimum \$50)	
Are there any conditions or restrictions on	this donation (reservations, tax/gratuity, extra char	rges, etc.)? If so, please specify:
EXPIRATION DATE: (If applicable; please	allow a minimum of one year from April 1, 2024):	
DONATED ITEM(S):		
Mail Form & Donation To: Christian Community Action Attn: Tiffani Davis 200 S. Mill Street Lewisville, TX 75057 Email: Tiffani.Davis@ccahelps.org	Pickup Instructions: Where: When: Contact: Phone: Email:	
The following endorsement certifies that a Christian Community Action Tax ID: 23-73	copy of this form is an acknowledgment for the ab 19371.	ove-mentioned contribution.
Ву:	Da	te:
Donor Signature		