

Date Rec'd ____

Basket # _____

Sunday, October 25th North County LGBTQ Center Autumn of Abundance Gala 2020 Auction

Donation Form



Donor or Company Name:(This is how the name v	will appear on the Action Prog	gram)	
Donor Website:			
Donor Address:(Street)			
		(State)	
Contact Person:	Contact Pho	ne:	
agree to donate the following item(s) or service(s) to be a Gala Committee, for the benefit of North County LGBTQ F from 2pm to 6pm at 441 Saxony Rd, Encinitas, CA 92024			
Item(s)/Service(s):			
(PLEASE PRINT CLEA	ARLY)		, ,
Complete Description: Include details for the program of people served, dates available, activities included, number		ed buyers would want to ki	now (number
	, , 		
Est. Value \$ Ex	xpiration Date:		
Please indicate the following:			
□ Gift certificate included with this form	□ Please genera	ate a gift certificate for my	donation
□ Contact us prior to the event to acquire gift certificate	□ This donation	does not include a gift cer	rtificate
Donor Signature:	D	ate:	
MAIL TO:			
NC-LGBTQ Resource Center 3220 Mission Ave #2 Oceanside, CA 92058 Phone: (760) 994-1690	Please s Septemb	ubmit this fo er 8th	orm by
Thank you for you NCLGBTQ Resource Center is a non-pro-	fit organization 501(c)(3) TAX ID# 39-206959	
^^^^^^ For Auction Cor	mmittee Use Only ^	^^^^^	

Delivery____or Pick-up ____

Acknowledgement Sent _____