

Gala Fantastique
November 16, 2018

Auction Procurement Form

SYMPHONY TACOMA REPRESENTATIVE/GALA COMMITTEE MEMBER

Name:	Phone:	Email:
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DONOR INFORMATION

Donor Name:	Name for Recognition (if different):	Contact Person:
Phone:	Fax:	Email:
Additional Phone:	Address:	City, State, ZIP

DONATION INFORMATION

Item:	Estimated Retail Value:
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Item Description: (Please include quantity, size, # of persons, days/nights, exp., as necessary)

Item Restriction(s):

- | | |
|---|---|
| <input type="checkbox"/> Donor will deliver item to Symphony Tacoma | <input type="checkbox"/> Item must be picked up; available after: _ |
| <input type="checkbox"/> Donor providing certificate | <input type="checkbox"/> Symphony Tacoma will make certificate\ |

DONOR WEBSITE

Website(s):

- I understand that if my item is not purchased by an auction attendee, Symphony Tacoma may offer the piece for purchase at another time or use the item for cultivation purposes.

Signature:	Date:
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Symphony Tacoma
 901 Broadway, Suite 600, Tacoma, WA 98402
 info@symphonytacoma.org | (253) 272-7264 Tax ID:
 91-6032976

Please make a copy of this document for your records.

Building community through music