



## Auction Procurement Form

SYMPHONY TACOMA/GALA COMMITTEE MEMBER

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### DONOR INFORMATION

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

### DONATION INFORMATION

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

- |  |  |
|--|--|
| <input type="checkbox"/> Donor will deliver item to Symphony Tacoma<br><input type="checkbox"/> Donor will provide certificate | <input type="checkbox"/> Item must be picked up; available after _____<br><input type="checkbox"/> Symphony Tacoma will make certificate |
|--|--|

### DONOR WEBSITE

Website(s):
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- 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.*