

Colorado Conservatory of Dance
Blossom Ball Silent Auction

April 19, 2019
In-Kind Donation Form

| DONOR INFORMATION (please print) | | |
|---------------------------------------------------------------------------|-------|-------|
| Business/Donor Name (as you would like it to appear in printed materials) | | |
| Contact Name | | |
| Mailing Address | | |
| City | State | Zip |
| Phone | Fax | Email |
| Signature | | Date |

| DONATION INFORMATION (please print) | |
|-----------------------------------------------------------------------------|------------------------------------------------------------|
| Detailed Description of Donation | Retail Value \$ |
| | |
| Restrictions or limitations? If yes, provide details | |
| | |
| Item Exchangeable? <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date (PLEASE no earlier than 5/1/2019) _____ |

| DONATION DETAILS (check all that apply) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| DELIVERY | CERTIFICATES | MISCELLANEOUS |
| <input type="checkbox"/> Donation Attached <input type="checkbox"/> I will deliver by: _____ (date) <input type="checkbox"/> Please contact me to arrange pick up | <input type="checkbox"/> I have provided a gift certificate <input type="checkbox"/> I will provide a gift certificate by: _____ (date) <input type="checkbox"/> Please create a gift certificate for me | <input type="checkbox"/> Please contact me about sponsorship opportunities <input type="checkbox"/> Please contact me about tickets to the event |

| | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Use By Auction Committee | <p style="text-align: center;">Please mail or fax this form to: Colorado Conservatory of Dance Attn: Rachel Long 3001 Industrial Lane #12 Broomfield, CO 80020 Phone: (303) 466-5685 Fax: (303) 466-3776</p> <p style="text-align: center;">Donation Deadline: Friday, March 29, 2019</p> |
| Procured By: | |
| Phone: | |
| Form Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Thank you for your support. You will receive a receipt following the event.
 We are a nonprofit organization. Your donation may be tax deductible. Please consult your tax advisor.
Federal Tax ID No: 46-2961115