

**Emerald Heights Academy**  
 1420 NW Gilman Blvd, Suite 2, PMB 2144  
 Issaquah, WA 98027  
 (425) 643-1671 (phone) (206) 643-7850 (fax)

# AUCTION DONATION FORM

For Office Use Only  
 File # \_\_\_\_\_ Silent \_\_\_ Live \_\_\_  
 Certificate # \_\_\_\_\_

<b>Donor Information – Name</b> (as to appear in catalog – please print)	Additional Donor Names and Addresses
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone (        )</b>	
<b>E-mail</b>	

**VERY IMPORTANT!** Include expiration date and detailed description Catalog information will be made from this description.

**Contact Person:** \_\_\_\_\_ **Phone:** (        ) \_\_\_\_\_

**Donor's Estimate of Value** ( Please do not leave blank ): \$ \_\_\_\_\_

Please check appropriate items: <input type="checkbox"/> Item or gift certificate accompanies this form. <input type="checkbox"/> Item or gift certificate will be delivered on (date): _____ <input type="checkbox"/> EHA should make a gift certificate for the above-described item.	Donor is: (mark all that apply) <input type="checkbox"/> Faculty, staff or board member <input type="checkbox"/> Parent <input type="checkbox"/> Community member
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**Signature of Donor:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Procured by:** \_\_\_\_\_

Please consider the **PINK COPY** of this form **your tax receipt**. **Thank you for your support !**      White/Office    Yellow/Buyer    Pink/Donor  
 Emerald Heights Academy nonprofit tax number EIN: 91-1598587.