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**LaGrange Academy Gala
Saturday, March 2, 2019
BENEFIT AUCTION DONATION AGREEMENT**

DONOR
NAME/COMPANY: _____

DONOR'S
ADDRESS: _____
(NO. STREET)

(CITY) (STATE) (ZIP)

DONOR'S PHONE: _____ DONOR'S EMAIL _____

ITEM(S)
DONATED: _____

RESTRICTIONS: _____

ITEM(S) ARE VALID FOR THE PERIOD 3/2/19 - 3/1/20 UNLESS OTHERWISE SPECIFIED

RETAIL VALUE: \$ _____

DELIVERED: _____ CERTIFICATE ATTACHED: _____ OR LA TO PRINT CERTIFICATE _____

DONOR'S SIGNATURE: _____ DATE: _____

LA VOLUNTEER INITIALS _____

NOTES: _____

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