

GIFT ACQUISITION FORM



Roncalli Catholic High School
6401 Sorensen Parkway * Omaha, NE 68152
Phone: 402-571-7670 * Fax: 402-571-3216
www.roncallicatholic.org

Basket/Item#:	Final Catalog #:
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Donor Information (Please print)

Donor Name or Company Name (as to appear in catalog): _____ Donor wishes to remain Anonymous		Donor 2 or Company Name (as to appear in catalog) _____ Donor wishes to remain Anonymous	
Donor Address (include City, State, Zip):		Donor Address (include City, State, Zip):	
Donor Contact Person (not listed in catalog):		Donor 2 Contact Person (not listed in catalog):	
Donor Home #:	Donor Work #:	Donor 2 Home #:	Donor 2 Work #:
Donor Email:		Donor 2 Email:	
Notes:		Notes:	

Item Information

Detailed Catalog Item Description (Quantity, Size, Color, Restrictions & other information about the donated item.)		
Item Value (Fair Market Value):	Minimum Bid Amount / Minimum Raise:	Expiration Date:
Date Item Received:	Date to be Delivered by Donor:	Date to be Picked up by Volunteer:
Proposed Item Type: ___ Live Auction ___ Silent Auction	Proposed Item Category:	Committee Member Name:

This donation becomes the property of Roncalli Catholic, and it is to be offered for sale at an auction.
Your donation may be tax deductible. Check with your Tax Advisor.