

DONATION FORM

DONOR INFORMATION: Please complete if advertiser is other than parent indicated below	FOR OFFICE USE
Donor company name or individual:	Category:
Contact Person:	Item #:
Address:	
Telephone:Email:	
Signature: Date:	
PARENT/STUDENT INFORMATION:	
PS 199 Solicitor:Cla	ss/Teacher:
Solicitor Phone: Solicitor email:	
DONATION INFORMATION: Item Title: Description of item of service (the more details the better. Use the back if necessary)	
Item Value: Please be accurate and do not list as "priceless":	
Special Instructions, Conditions or Restrictions (e.g., dates valid, blackout dates, minimum/maximum number of people, tax and gratuities included/excluded, if restricted to PS199 families, etc.):	
Please allow one year from auction date (April 1, 2017) to redeem or specify alternate expira	tion here:/
Choose one:	Item to be delivered by:/
Check here if interested in receiving information about advertising and/or corp	orate sponsorship opportunities.
ITEM SUBMISSION Please return completed form with merchandise, gift certificates, tickets, or vouche	rs or other materials to:
PS 199, Attn: Auction Committee 270 W. 70 TH Street New York, NY 10023	

THANK YOU FOR SUPPORTING THE PS 199 PTA!