

**Our Lady of Good Counsel
Parish and School**

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Vienna, VA 22183
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www.olgcauction.org
auction@olgcv.org

Auction Donation Form

- Donations are due by **March 5**. (Those received later may be printed in the program addendum.)
- **Please keep the yellow copy of this form for your tax records.**
- All donations are tax-deductible. OLGC Tax ID # 54-0681239
- Donations can also be made **on-line** at **www.olgcauction.org**.

My Donation(s) Type is/are: Item Service Financial Contribution Program Advertising

For Office Use Only:

Item Category: _____ Sequence Number: _____ Program Number: _____

ITEM/SERVICE _____

Detailed Description: _____

Status of Item: Enclosed To be picked up by OLGC To be delivered This form serves as our guarantee

Restrictions/Special Instructions _____

Estimated Fair Market Value: \$ _____ Expiration Date: _____

Web site: _____

Display: Will provide supporting materials to display at auction Supporting materials included
(We would greatly appreciate a **sample menu, gift bag** or some other **small prop** that can be used to display your item at the auction. We would also love any **photos** of your donation for our website. This is great advertising.)

FINANCIAL CONTRIBUTION

- Benefactor - \$1000 and up Patron - \$500 - \$999 Donor - \$250 - \$499
 Contributor - \$100 - \$249 Friend - \$1 - \$99 I would like to underwrite _____

PROGRAM ADVERTISING

Please send ad copy and artwork, preferably in PDF format, to **auction@olgcv.org** no later than **March 5**. You may also enclose hard copy or a business card but a PDF file is preferred. (Full Page = 8.5 x 11) *Please use last year's ad.*

Business Ads: \$1000 Outside Back Cover \$500 Inside Front Cover \$400 Inside Back Cover
 \$250 Full Page \$150 Half Page \$75 Quarter Page \$50 Business Card

Family Ads: \$200 Family Full Page \$100 Family Half Page \$60 Family Quarter Page

Method of Payment for Cash Contributions and/or Program Advertising

- Enclosed is a check in the amount of \$ _____ payable to **OLGC**. Check # _____
 Please charge to: VISA MasterCard Card Number: _____
 Name: _____ Exp. Date: _____
 (Please Print Clearly)

Donor Name: _____

Company: _____

Donor Name as it should be listed in the Auction Program: _____

Address: _____

Email: _____ **Phone:** _____

OLGC Member Business

Signature: _____ **Date:** _____

All proceeds benefit Our Lady of Good Counsel Parish and School. Thank you for your generous support!