



AUCTION DONATION RECEIPT FORM

Estimated Value: \$ _____ Minimum Bid: \$ _____

Item Name: _____

Item Description: **Include restrictions and expiration* _____

Donor's Name: _____

Name of Business/Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Thank you for your support!

Place of Hope, Inc. is a 501c3 tax-exempt charitable organization. Please retain copy of receipt for your records.

Place of Hope Tax ID # 85-8012546695C-5

By signing this document you agree that the donation becomes property of Place of Hope, Inc. All sales will benefit Place of Hope.

Signature: _____ Date: _____

Printed Name: _____

Office Use:

- Item returned with form
- Gift certificate returned with form
- Item to be picked up at later date: Date/Time: _____

Place of Hope, Attn: Jamie Bond
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561-775-7195 • 561-775-1758 (fax)
jamieb@placeofhope.com

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT OR APPROVAL OR RECOMMENDATION BY THE STATE.