



Congregation Jewish Community North

AUCTION AND IN-KIND CONTRIBUTION FORM

Donor Information (Please Type or Print)

Donor Name:	_____		
	(as it should be listed in catalog)		
Name of Business:	_____		
Address:	_____		
	(where donation may be claimed, redeemed, or used)		
City:	_____	State: _____	Zip: _____
Contact Person:	_____	Telephone:	_____
Authorized by (Signature):	_____		
Email:	_____		

Item Information

Description of item(for use in preparing catalog):	

Restrictions or expiration dates: _____	
Value – estimated by donor: \$ _____ <input type="checkbox"/> Check if item in form of a certificate	
Item/gift certificate is:	
<input type="checkbox"/> Attached	Date: _____
<input type="checkbox"/> Will be mailed	Date: _____
<input type="checkbox"/> Request Volunteer to pick up	Date: _____

Please return this form to:

Congregation Jewish Community North
Attn: Craig Klein
5400 Fellowship Lane
Spring, TX 77379
(281) 772-6942
coklein@yahoo.com