

AUCTION DONATION FORM

Please Return All Forms By Monday, January 12, 2026

Company or Donor Name (exactly as you would like it to a	ppear):			
Contact Person/Title:				
Address:	***************************************			
City:	State:	Zip:		
Phone: Fax:	Email:			
*By signing below, I/we are committing to the following do	nation to Boys & Girls Clubs of the Valle	<i>/</i> .		
*Donor Signature:		Date:		
Board Solicitor/Committee Member:				
Mana Is				
Item 1:				
Donor Stated Value:				
Description: (please be specific, i.e. # of people, dates, insurance req	uirements, etc.) Please attach any artwork, p	hotos, brochures, etc. applicab	le to the donation	
Restrictions: (please be specific, i.e. # of people, dates, insurance requirements, etc.) Expiration date will be listed as 3/9/2027 unless otherwise specified				
Item/certificate enclosed Will be delivered by donc	or Please have someone from BGCAZ:	Create gift certificate	Pick up item	
Item to be given to Board Solicitor — Date/Place:				



TO DONATE ADDITIONAL ITEMS PLEASE SEE REVERSE SIDE

Return form to **carly.mertz@bgcaz.org** or mail to: **Boys & Girls Clubs of the Valley** 4309 East Belleview St., Bldg. 14 Phoenix, AZ 85008

THANK YOU FOR YOUR INVESTMENT IN THE YOUTH OF THE VALLEY!

Funds raised through the event go directly to programs and services that help change the lives of thousands of kids in need across Arizona. Your donation may be tax deductible and BGCAZ's tax ID is 86-0550646.

Item 2:			
Donor Stated Value:			
Description: (please be specific, i.e. # of people, dates, insurance requirements	rs, etc.) Please attach any artwork, photos	s, brochures, etc. applicable to	the donation
Restrictions: (please be specific, i.e. # of people, dates, insurance requirement	ents, etc.) Expiration date will be listed o	as 3/9/2027 unless otherwise	specified
Item/certificate enclosed Will be delivered by donor Pleast Place:	ase have someone from BGCAZ:	Create gift certificate	Pick up item
item to be given to board solicitor — Date/Flace.			
Item 3:			
Donor Stated Value:			
Description: (please be specific, i.e. # of people, dates, insurance requiremer		tos, brochures, etc. applicable	to the donation
	, , , , , , , , , , , , , , , , , , ,		
Restrictions: (please be specific, i.e. # of people, dates, insurance requirements	ents, etc.) Expiration date will be listed c	as 3/9/2027 unless otherwise	specified
Item/certificate enclosed Will be delivered by donor Plea	ase have someone from BGCAZ:	Create gift certificate	Pick up item
Item to be given to Board Solicitor — Date/Place:			
Item 4:			
Donor Stated Value:			
Description: (please be specific, i.e. # of people, dates, insurance requirement	nts, etc.) Please attach any artwork, pho i	tos, brochures, etc. applicable	to the donation
Restrictions: (please be specific, i.e. # of people, dates, insurance requirem	nents, etc.) Expiration date will be listed	as 3/9/2027 uniess otnerwise	<i>speci</i> пеа
Item/certificate enclosed Will be delivered by donor Plea	ase have someone from BGCAZ:	Create gift certificate	Pick up item

Item to be given to Board Solicitor — Date/Place:_____