



BETH ISRAEL SPRING GALA **Auction Procurement Form**

Name of Donor/Organization: _____

Contact person (if different from above): _____

Address: _____

City: _____ State: _____ Postal Code: _____

E-mail address: _____ Phone Number: _____

Detailed Item Description (to be used for publicity and auction catalog)

Gift Description: _____

Fair Market Value: _____ Please advise any restrictions: _____

- Item accompanies form
- Item to be delivered to Beth Israel by May & 201*

Please bear in mind that Beth Israel may bundle your item with other contributions in the interest of increasing the potential maximum bid.

Beth Israel is a 501(c)(3) charitable religious organization registered with the Secretary of State. I understand that the fair market value of my contribution may be tax-deductible as allowable by law, and that I should consult my tax advisor regarding special conditions of my gift. Furthermore, I understand that all proceeds generated as a result of the auction of my contribution will benefit Beth Israel.

OPTIONAL CASH CONTRIBUTION

We are not able to donate an item but would like to make a cash contribution in the amount of \$_____ to support Beth Israel.

Donor Signature: _____ Date: _____

For more information or questions, please contact Heather Taylor-Williams or Lesley Mills at 858-535-1111. Please send any marketing materials (high resolution photos, logos, etc.) to heathertw@cbisd.org.

Office Use Only: Item#: _____