



Raise Your Paw Auction Procurement Form

DONOR INFORMATION

Business Name:	Name for Recognition (if different):	Contact Person:
Phone:	Email:	
Address:		City, State, ZIP:

DONATION INFORMATION

Item:	Estimated Retail Value: \$
Item Description: (Please include quantity, size, # of persons, days/night, exp., as necessary)	
Item Restriction(s):	

- | | |
|---|--|
| <input type="checkbox"/> Donor will deliver item to the Society | Item must be picked up; available after _____ |
| <input type="checkbox"/> Donor will provide a certificate | <input type="checkbox"/> The Society will make a certificate |
| | <input type="checkbox"/> |

DONOR WEBSITE

Website(s):

- I understand that if an auction attendee does not purchase my item, the Humane Society for Tacoma & Pierce County may offer the item for purchase at another time or use the item for cultivation purposes.

Signature:	Date:
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Humane Society for Tacoma & Pierce County
2608 Center Street, Tacoma WA 98409
megant@thehumanesociety.org | (253) 284-5802
Tax ID: 91-0577128
Please make a copy of this document for your records.