



# Cedar Springs Waldorf School's Masquerade Ball



**Auction 2018 Donation Form**  
**6029 Gold Meadows Road, Placerville, CA 95667**  
**(530) 642-9903 Fax (530) 642-1904**

We are very grateful for your donation. Your gift allows us to continue our mission of providing quality Waldorf Education from Pre-Kindergarten through Eighth Grade in El Dorado County and the surrounding areas. Cedar Springs Waldorf School is a 501(c)3 nonprofit organization (Federal Tax ID# 68-0223476). Donations may be tax deductible, please consult your tax advisor.

## Donor Information

Individual/Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Website \_\_\_\_\_ Email: \_\_\_\_\_

Please check all that apply:  Parent  Alumni  Friend  Past Parent  Business  Student

I would like my donation listed as  Business Name  My Name  My Name and Business Name  Anonymous

## Donation Description

Check here to use the same donation description as last year. Please verify the expiration, restrictions, and value below.

**Donation Title** (short description): \_\_\_\_\_

**Donation Details** (long description): Please provide important details such as quantity, size, color, number of rooms, number of persons per night, price per items, meals/products included, etc. We encourage you to provide display materials, and/or attach a business card if available.

**Expiration Date/Restrictions:** \_\_\_\_\_

**Value of Total Donation:** \$ \_\_\_\_\_

Please initial: \_\_\_\_\_ *Donation Disclaimer: Donor understands that this gift may be sold at the Auction at a price to be determined by Cedar Springs Waldorf School (CSWS) at its reasonable discretion. Donor's item(s) may be combined with other item(s) at discretion of CSWS.*

Solicited By (CSWS Representative) \_\_\_\_\_

Please check all that apply: If possible, please email a company logo and/or photograph of the donation to [CedarSpringsAuction@gmail.com](mailto:CedarSpringsAuction@gmail.com).

Donation (physical item) delivered  Gift certificate attached  Prepare certificate for my donation

I will deliver/mail my donation to CSWS by (date) \_\_\_\_\_

Please arrange for pick up of my donation by (date) \_\_\_\_\_

**Completed form due by December 1, 2017**

Office Use Only:

Entered By: \_\_\_\_\_

Category: \_\_\_\_\_

Donation #: D \_\_\_\_\_