



ST. MARY'S SPRINGS  
Academy



**Auction Donor Name:**

\_\_\_\_\_

*(Your name or business will be displayed as listed above.)*

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**I/We would like to make a donation as follows:**

Auction Item: \_\_\_\_\_ Value of Item: \_\_\_\_\_

Item will be returned with form.  Please pick up on \_\_\_\_\_  I will deliver on \_\_\_\_\_

**Item Description:** *(Please be detailed and specific. Use back of sheet if necessary.)*

**Completed form requested by :**

**June 15, 2018**

**Items requested by:**

**July 2, 2018**

**Direct questions to:**

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