



Auction Donor Commitment Form

PLEASE MAIL TO ADDRESS BELOW OR FAX TO 785-864-5397 BY MARCH 1, 2011.

Name of contributor _____

Contributor to be listed in the event program as _____

Contact person (if different than contributor) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Gift Description

*Please give a detailed description for each item you wish to donate.
Please estimate value for all priceless and autographed items.*

**Gift Value
(Required)**

**Internal
use only**
Procurement
Number

1. _____

2. _____

Special Conditions of Gift(s): _____

Gift Delivery

Enclosed/Attached

To be picked up by _____ (_____) _____
volunteer's name volunteer's phone number date

To be delivered by _____ (_____) _____
volunteer's name volunteer's phone number date

Donor Signature I understand that my contribution will be offered at auction, and net proceeds generated as a result of the sale of my contribution will be used to support programming of the KU Alumni Association.

Signature _____ Date _____

Thanks for your contribution. For your income tax records, the KU Alumni Association will send you a gift acknowledgment at a later date.

_____ Tax Receipt _____
 Rock Chalk Ball Representative