



LMS Auction Procurement Form

Office Use Only

Item #: _____

Catalog #: _____

Title of Item or Service: _____ Donor's Estimate of Value: \$ _____

Description of Item (including all limitations or restrictions): _____

Donor: Company / Name _____

Address _____

City / State / Zip _____

Contact _____

Phone _____ Email _____

Signature _____

Please check all that apply:

Tangible Item (pick-up will be arranged)

Donor provided Gift Certificate

Auction Provided Gift Certificate

Donor Will Provide Display

Auction Will Provide Display

Auction Rep: _____ Phone: _____ Date: _____

Return white copy to: LMS 4130 University Way NE · Seattle, WA · 98105 · (206) 634-3370 · lms@lmsnw.org

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