



AUCTION DONATION RECEIPT FORM

Estimated Value: \$ _____ Minimum Bid: \$ _____

Item Name: _____

Item Description: **Include restrictions and expiration* _____

Donor's Name: _____

Name of Business/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Thank you for your support!

Place of Hope, Inc. is a 501c3 tax-exempt charitable organization. Please retain copy of receipt for your records.

Place of Hope Tax ID # 85-8012546695C-5

EIN # 65-0841384

By signing this document you agree that the donation becomes property of Place of Hope, Inc. All sales will benefit Place of Hope.

Signature: _____ Date: _____

Printed Name: _____

Office Use:

- ☐ Item returned with form
- ☐ Gift certificate returned with form
- ☐ Item to be picked up at later date: Date/Time: _____

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