



EVENT ITEM DONATION FORM

Event Name: _____

Event Date: _____

Use of Item at Event: Auction Item
 Other Donated Item

Is This Donation a: Personal Donation
 Corporate Donation *(please provide contact name below)*

Title: Mr Miss Ms
 Mrs Mx Dr

Donor's Name *(contact name)*: _____
(first name) *(last name)*

Company Name: _____

Name As You Wish It To Be Listed
in the Auction Program: _____
(leave blank if donation is not to be auctioned.)

Address: _____
Address line 2: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work: _____ Mobile: _____
Email: _____

Cash Donation Enclosed: \$ _____
(please make check payable to CSUSM Foundation)

Please Provide a Detailed Description of Donated item(s)/Service(s):

_____	Value: \$ _____

Special Pick-Up or Delivery Instructions:

Questions?
University Advancement, Advancement Services
Gift Processing
(760) 750-4403

Please return this form to:
University Advancement, Advancement Services
Gift Processing - Craven 5308
A receipt will be mailed for your records.